MAY 29 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12628

1. PLACE OF DEATH
County Clark — Registration District No. 190 — File No.
Township Jackson — Primary Registration District No. 5274 — Registered No. 20
City Winchester (No. ..... St. ..... Ward)

2. FULL NAME Nelson Erwin Peck M D
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Nelson Peck

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch #6-1965

7. AGE: Years 63 — Months 1 — Days 7 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Leavenworth
(STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: Wm G Peck
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): New Hampshire
12. MAIDEN NAME OF MOTHER: Ellen Erwin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Lafayette Ind

14. INFORMANT: Mrs Nelson Peck
(Address): Winchester Mo

15. FILED 4/14, 1928 J R Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-13 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 14, 1928, to Apr 10, 1928, that I last saw him alive on Apr 13, 1928, and that death occurred, on the date stated above, at 1140 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Scirrh Fever
8
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 8
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
(Signed) J L McConnell M. D
4/14, 1928 (Address) Rowe Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Augusta Ill — DATE OF BURIAL: 4/15 1928

20. UNDERTAKER: H F Kircher — ADDRESS: Wayland

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.