

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

Do not use this space.

30135

File No. _____
Registered No. **1085**
St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan Registration District No. **85**
Township _____ Primary Registration District No. **1001**
City St. Joseph (No. Missouri Methodist Hospital) St. _____ Ward _____

2. FULL NAME Samuel Peacock

(a) Residence. No. _____ St. _____ Ward _____ Savannah Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **2** mos. **2** ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 9 - 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 1 8

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

10. NAME OF FATHER _____
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

14. INFORMANT Henry Bowman
(Address) Cosby Missouri

15. FILED 17 1929
John G. [Signature] REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 17 1929
17.

I HEREBY CERTIFY, That I attended deceased from July 24, 1929, to Sept 17, 1929, that I last saw him alive on Sept 16, 1929, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Rectum and sigmoid 46C
40 (duration) yrs. _____ mos. _____ ds.
HOB about 14"
CONTRIBUTORY (SECONDARY) metastases in liver of stomach (duration) yrs. 2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Country 30 miles N.E. of St. Joseph
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 15 1929

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic - Vapour
(Signed) [Signature], M. D.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Joseph - 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 Union Star Missouri **DATE OF BURIAL** Sept 18 19 29

20. UNDERTAKER H.O. Sideyade **ADDRESS** 1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

67-7-22 1929

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