

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

Do not use this space.

4752

1. PLACE OF DEATH

County Henry
Township.....
City Clinton (No.....)

Registration District No. 347
Primary Registration District No. 2018

File No.....
Registered No. 178
St..... Ward)

2. FULL NAME

Harry Lindsey Peck
(a) Residence, No. 116 E Grand River St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice McCool Peck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 0 17

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

9. BIRTHPLACE (CITY OR TOWN) Fronton Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Carol R Peck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Emily Lindsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Ernest Peck
(Address) Clinton Mo

15. FILED 2/10 1930 Dr E.C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/8 19 30

17. I HEREBY CERTIFY, That I attended deceased from 1/17, 1930, to 2/8, 1930
that I last saw him alive on 2/8, 1930 and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
59
82A (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Dialysis
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E.C. Peeler, M. D.
, 19 (Address) Clinton 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 Clinton Mo DATE OF BURIAL 2-11-1930

20. UNDERTAKER Spore & Son ADDRESS Clinton

WHITE PLAIN, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

188 1930

126

37

Peeler

