MAY 27 1930

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

Do not use this space.

13668

~~13626~~

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township Sugar Creek — Primary Registration District No. 3034 — Registered No. 307
City Moberly (No. ..... St. ..... Ward)

2. FULL NAME Viola Peak
(a) Residence. No. ..... St., ..... Ward. Paris Mo
(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: Female
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 Horace R. Peak

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/4/1905

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 25 | X | 6 | |

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

PARENTS
10. NAME OF FATHER J. W. Wood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Caroline Young
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Horace R. Peak
(Address) Paris, Mo R.R.

15. FILED 4-10, 1930 Dr. Thos. S. Fleming REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1930, to Apl. 10, 1930, that I last saw her alive on Apl. 10, 1930, and that death occurred, on the date stated above, at 4:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Subphrenic abscess, right side, following acute suppurative appendicitis of June 6, 1929, with peritonitis
121B (duration) yrs. ? mos. ds.
CONTRIBUTORY (SECONDARY) Bilateral broncho-pneumonia
1071A (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Paris, Mo. June 6, 1929
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 7, Feb. 24, Apl 2 1930
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) R. D. Streeter, M. D
4-10, 1930 (Address) Moberly, 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: Walnut Grove - Paris Mo
DATE OF BURIAL: 4/12 1930

20. UNDERTAKER: Fred A Thompson
ADDRESS: Madison Mo

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.