WRITE PLAINLY, 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.

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

Do not use this space.

18625

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 646

Township Primary Registration District No. 1001 Registered No.

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME John William Peck

(a) Residence. No. St., Ward. DeKalb, MO. R F D 2
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah J Peck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 27, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68m	3	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired officer of

(b) General nature of industry, business, or establishment in which employed (or employer) Rushville State Bank

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rushville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Issac L Peck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Conn.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Sarah J Peck
(Address) DeKalb R F D 2

15. FILED JUN 2 1930 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930 to June 1, 1930 that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Cecum with Metastases to Glands

(duration) One yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General Carcinosis & Hemorrhagia from [illegible]

1030 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Rushville Mo.

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 10

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical Symptoms.

(Signed) Carl C Potter, M. D.

June 2 1930 (Address) 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	DATE OF BURIAL
Sugar Creek Cemetery	June 2 1930
20. UNDERTAKER W. O. Sidenfaden	ADDRESS 1802 Union St.