

OCT 30 1930

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

Do not use this space.

27286

1. PLACE OF DEATH

County Marion Registration District No. 547 File No.
Township Mason Primary Registration District No. 3039 Registered No. 230
City Harrison (No. Jerry Hospital) St. Ward)

2. FULL NAME

(a) Residence No. Geo Peak St. Ward.
(Usual place of abode) Wether Hill (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Peak</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3-4-1861</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>6</u>
	DAY <u>27</u>	IF LESS than 1 day, hrs. or min. <u>=</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Pike Co. Mo</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Geo Peak</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>No Record</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	
14. INFORMANT <u>Mrs Alice Peak</u> (Address) <u>Wether Hill</u>		
15. <u>Sept 23 1930</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-31-1930

17. I HEREBY CERTIFY That I attended deceased from 4:45 a.m. to 8:30-1930 and that I last saw alive on 8-30-1930 and that death occurred, on the date stated above, at 4:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Tuberculosis of the joint & Penis (Right)
27A
27B About 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 55
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Microscope
(Signed) W. J. Boney M. D.
9-2-1930 (Address) Harrison 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 <u>Penseleorben</u>	DATE OF BURIAL <u>9/3 1930</u>
20. UNDERTAKER <u>Geo E Roberts</u>	ADDRESS <u>Harrison</u>

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.

