

WRITE WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

6003

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 411  
 Township Joplin Primary Registration District No. 2402  
 City Joplin (No.     ) St.      Ward     

**2. FULL NAME**

(a) Residence No.      St.      Ward Galena Kan  
 (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 Hencie E. Peck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 9 —               

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Miner 13  
 (b) General nature of industry, business, or establishment in which employed (or employer) Lead & Zinc  
 (c) Name of employer     

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kan. 2

10. NAME OF FATHER Alfred Peck

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

12. MAIDEN NAME OF MOTHER Margaret Best

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

14. INFORMANT Alfred Peck  
 (Address) Galena Kan

15. FILED 2/21 1931 W. B. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19, 1931

17. I HEREBY CERTIFY, that I attended deceased from Jan 16, 1931, to Feb 19, 1931, that I last saw him alive on     , 19    , and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
      
     (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza Septicemia  
Access tip (duration) yrs. mos. ds. 2/1

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

1 DID AN OPERATION PRECEDE DEATH? DATE OF 2/17/31  
 WAS THERE AN AUTOPSY     

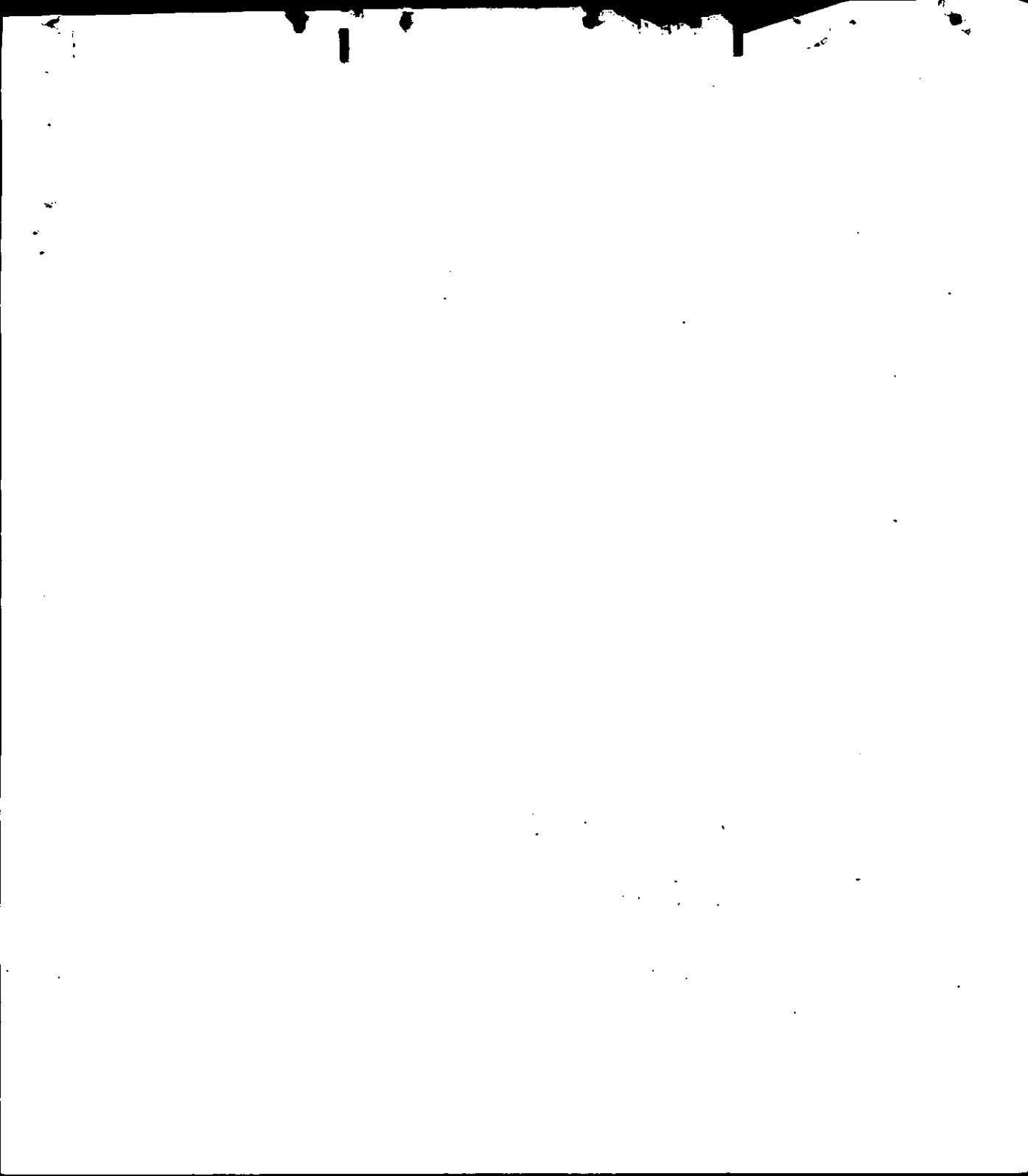
WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed)      M. D.

\*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 Galena Kan DATE OF BURIAL Feb. 23 1931

20. UMBERTAKER Boice Muel. Co. ADDRESS Galena Kan

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.



cated by check marks, lacking from the death certificate:

Name: Robert A. Peck

Who died at: Joplin, Mo. on Feb. 19, 1931

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Embolicism

Contributory: General Septicemia

abscess hip. - Tubercular.

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

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