

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

Do not use this space.

25000

1. PLACE OF DEATH
 JACKSON
 County Kaw Registration District No. 333
 Township Kansas City, Mo. Primary Registration District No. D 30
 City Kansas City, Mo. (No. 4130 Mericer St. Ward)

2. FULL NAME Mrs. Edna Noble Peck
 (a) Residence. No. 4130 Mericer St. 7 Ward. 6th
 (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 Roy B. Peck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 28

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

9. BIRTHPLACE (CITY OR TOWN) Colony
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER William A. Post

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

12. MAIDEN NAME OF MOTHER Nellie Boen

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

14. INFORMANT Roy B. Peck
 (Address) 4130 Mericer

15. July 9 31 M. M. Brown REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8, 1931

17. I HEREBY CERTIFY, That I attended deceased from Wed., 12
1931, to July 8, 1931.
 that I last saw her alive on July 8, 1931, and that death occurred, on the date stated above, at 9:35 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
57A
132B
155C
Allemic Poisoning
following Herpes Zoster
9 weeks (duration) yrs. mos. ds.

CONTRIBUTORY Arthritic deformations
 (SECONDARY) (duration) 12 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF -
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) W. H. Crowder, M. D.
7/9 1931 (Address) 4315 Main

*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 Memorial Park DATE OF BURIAL July 10 31

20. UNDER-TAKER Peck Sons ADDRESS City

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.

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Handwritten marks, possibly numbers or small characters, located in the lower-middle section of the page.

Vertical handwritten text or markings, possibly a date or a list of items, located in the lower-middle section of the page.