

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

File No. 2  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Worth  
Township Green  
City \_\_\_\_\_ (No. 2)

Registration District No. 1057  
Primary Registration District No. 6214

File No. 2  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Milton B. Peckenbaugh

(a) Residence No. \_\_\_\_\_ Ward. \_\_\_\_\_ (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Masc. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Francis

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1931 to July 9, 1931  
I last saw her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1856

to have occurred on the date stated above, at 7:30 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Data deceased last worked at this occupation (month and year) 2 1/2 yrs. ago 11. Total time (years) spent in this occupation 25 yrs

Heart Failure  
he was dead when I saw him  
200A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Date of onset \_\_\_\_\_  
Other contributory causes of importance: 200A

13. NAME Abias Peckenbaugh

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harden Co. Ky.

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

15. MAIDEN NAME Mary Sigler

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

17. INFORMANT Amos W. Peckenbaugh  
(ADDRESS) Seneca, Kans.

Where did injury occur? Parnell  
(Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka, Kans. DATE July 5, 1931

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

19. UNDERTAKER Paul & Laitava  
(ADDRESS) Parnell, Mo

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

20. FILED Aug 10, 1931 F. O. Mueh  
Registrar.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Egbert Crowson M. D.

(Address) Parnell 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 29 1931



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