

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

Do not use this space.

33292

**1. PLACE OF DEATH**

County Saline

Registration District No. 798

Township Saline Twp.

Primary Registration District No. 6042

City (No. ....)

File No. ....

Registered No. ....

Ward) ....

**2. FULL NAME** George Peaton

(a) Residence, No. .... St. .... Ward. ....

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tabella Peaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Mo.

13. NAME Charles Peaton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Mo.

15. MAIDEN NAME Margaret Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Mo.

17. INFORMANT (ADDRESS) Charles Peaton  
Peaton 710

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smith Chapel DATE Sept 14, 1931

19. UNDERTAKER (ADDRESS) H. H. Campbell  
Marion 710

20. FILED 9/20 1931 Mrs. Hall Williams  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Sept 8, 1931

I last saw him alive on Sept 8, 1931. Death is said

to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

Paralysis  
1864  
1945  
82  
Other contributory causes of importance:  
General complications of senility.  
Fractured Hip.

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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

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

Manner of injury .....

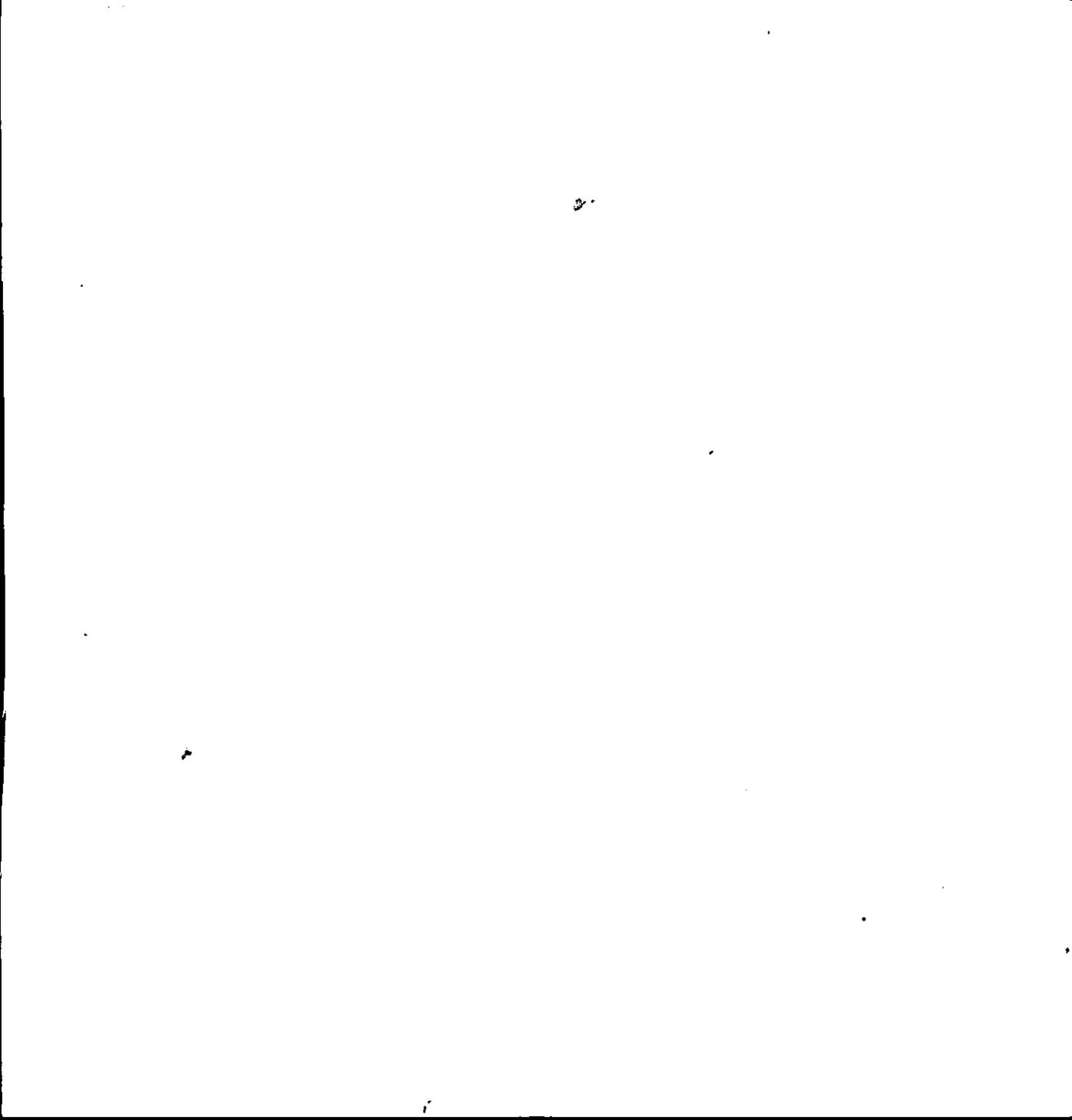
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ✓

(Signed) R. W. Stauffer, M. D.

(Address) Raytown Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Saline  
Township East York  
City..... (No..... St..... Ward)

Registration District No. 798  
Primary Registration District No. 6041

File No.....  
Registered No.....

**2. FULL NAME**

George Leaton

(a) Residence, No..... St..... Ward.....

(Usual place of abode)

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS)

20. FILED....., 19.....

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1931

22. I HEREBY CERTIFY, That I attended deceased from....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

*Partis's*  
Date of onset  
Other contributory causes of importance:  
General complications  
senility  
fractured  
thigh falling from  
porch  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

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

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

Manner of injury.....

Nature of injury.....

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

If so, specify

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

S-33292