

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

Do not use this space.

16660

1. PLACE OF DEATH  
 56 County Lewis Registration District No. 478  
 Township Highland Primary Registration District No. 5642  
 City Oshtemo (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME George W. Peak  
 (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 6 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>Sixty</u>	<u>two</u>	<u>twelve</u>	

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

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) Missouri 1

13. NAME George W. Peak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 2  
Kentucky

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 31

17. INFORMANT Mrs Bertha Peak  
(ADDRESS) Durham Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods Home DATE May 31 1932

19. UNDERTAKER Thos Bell  
(ADDRESS) Cwing. Mo

20. FILED 7/3 1932 Anna K. Ball  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1931 to May 31 1932  
 I last saw him alive on Mar 31 1932 Death is said to have occurred on the date stated above, at 4 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral (left lateral) 45A  
45A  
 Other contributory causes of importance: (3)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Spongy Was there an autopsy? no

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) S. J. Hollander  
 (Address) Canton 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.

MAY 25 1932

