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

Do not use this space.

32188

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K.C.Mo.
Registration District No.: 3 8 0
Primary Registration District No.: 3 0 6
(No. 811 West 35th St. St. ..... Ward)
File No.: 3712
Registered No.:

2. FULL NAME: Charles Andrew Peck
(a) Residence, No. 811 West 35th St. St., 5 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 19, 1868

7. AGE: Years 64 | Months 2 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Unknown

FATHER
13. NAME: A. C. Peck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Conn.

MOTHER
15. MAIDEN NAME: Margaret Decker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa

17. INFORMANT: Nora Peck
(ADDRESS): 811 West 35th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Cem DATE: 10-4-32, 19

19. UNDERTAKER: R.V.Lindsey & Sons, Inc.
(ADDRESS): K.C.Mo.

20. FILED: Oct 3, 1932 M. M. Corrone Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 3-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept-30, 1931 to Sept-2-Oct, 1931
I last saw him alive on Sept-30, 1931. Death is said to have occurred on the date stated above, at 1:05 AM m.
The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset
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Other contributory causes of importance: Chronic Nephritis and Prostatis

Name of operation: none Date of
What test confirmed diagnosis? ✓ 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? ✓
If so, specify
(Signed) J. F. Koogler, M. D.
(Address) 520 Poty K.C. 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 INKING

Dr. J. H. Konyler