

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

Do not use this space.

40284

1. PLACE OF DEATH

49 County Jasper Registration District No. 417
 11 Township Wabash Primary Registration District No. 3071
 7 City Wabash Mo. No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1315 W. Nelson 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jane Peck
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 1855
 7. AGE YEARS 77 MONTHS 8 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason
 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) Winkhamon Virginia

MOTHER 13. NAME Jess. S. Peck

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winkhamon Virginia

MOTHER 15. MAIDEN NAME Nancy Beasley

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winkhamon Virginia

17. INFORMANT Mrs. Samuel Peck
 (ADDRESS) 1315 W. Nelson

18. BURIAL, CREMATION, OR REMOVAL PLACE Wabash Cemetery DATE Dec 30 1932

19. UNDERTAKER Joseph J. Hartman
 (ADDRESS) 1315 W. Nelson

20. FILED 1777, 1932 Registrar. W. J. Summit

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 1 - 1932, to Dec 1932, 1932
 I last saw him alive on 12-28, 1932 Death is said to have occurred on the date stated above, at 7:45 a.m.
 The principal cause of death and related causes of importance were as follows:

General Neurorrhage Date of onset 5-27-32
97 6 1/2
 167
 Other contributory causes of importance: Arteriosclerosis + Sinusitis

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 _____, 1932

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) D. P. Dumbauld, M. D.

(Address) Wabash City 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.

JAN 24 1933

