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

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.

JUN 20 1933

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

Do not use this space.

File No. 15823
Registered No. 560

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph (No. St. Ward)

2. FULL NAME Samuel G. Peabody
(a) Residence, No. 204 E. Cliff St. St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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 Katie H. Peabody

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1864.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
69	3	27	

OCCUPATION
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. Date deceased last worked at this occupation (month and year) May 29, 1933.
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dekalb, Missouri.

FATHER
13. NAME Loren B. Peabody
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Maine.

MOTHER
15. MAIDEN NAME Sarah E. Myers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknowm Ohio.

17. INFORMANT Mrs. Katie H. Peabody.
(ADDRESS) 204 E. Cliff St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cemetery DATE May 31, 1933. 19

19. UNDERTAKER Fred D Clark
(ADDRESS) 5025 King Hill Ave. St. Joseph, Mo.

20. FILED MAY 31 1933 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1933, to May 29, 1933
I last saw him alive on May 29, 1933. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden heart failure	
from Chronic Myocarditis	May 29
1930	

930

Other contributory causes of importance:

Chronic Myocarditis	Unknown

Name of operation .... Date of ....
What test confirmed diagnosis? Clinical 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) W A Robertson, M. D.
(Address) St. Joseph Mo