

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.

JAN 26 1934

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

Do not use this space.

39226

1. PLACE OF DEATH
 11 County Buchanan Registration District No.
 5 Township Primary Registration District No.
 9 City St Joseph (No. M.O. Methodist Hospital) St. Ward)

2. FULL NAME Ralph peck
 (a) Residence, No. Rochester mo St. Ward. Rochester mo
 (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.

File No.
 Registered No. 1252

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11-1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>42</u>	<u>2</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as splinner, 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) Wymore (STATE OR COUNTRY) neb

13. NAME J. A. peck

14. BIRTHPLACE (CITY OR TOWN) un known (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Luella Prington

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

17. INFORMANT E. J. peck (ADDRESS) Libertion mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rochester Mo DATE 12-18 1933

19. UNDERTAKER E. B. Breit (ADDRESS) Savannah mo

20. FILED 12-17 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1933 to Dec 16, 1933
 I last saw him alive on Dec 16, 1933 Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:
general peritonitis Date of onset Dec 12
perforated appendix Dec 6
 Other contributor causes of importance:
none
 Name of operation 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? No
 If so, specify
 (Signed) H. S. Gaurad M. D.
 (Address) St Joseph mo

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