

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County JACKSON Registration District No. 60
Township RAW Primary Registration District No. 90
City KANSAS CITY (No. 3429) CHARLOTTE St. Ward

File No. 4858
Registered No. 578
St. Ward

2. FULL NAME

ALEXANDER PEDDIE

(a) Residence, No. 3429 CHARLOTTE St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 MRS. LETA PEDDIE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-21-1858
7. AGE YEARS 79 MONTHS 2 DAYS 14 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARM INSPECTOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AETNA LIFE INS. CO.
10. Date deceased last worked at this occupation (month and year) 9-30 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) EDINBURGH (STATE OR COUNTRY) SCOTLAND

13. NAME DR. ALEXANDER PEDDIE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCOTLAND

17. INFORMANT MRS. THOMAS PEDDIE (ADDRESS) 37 EAST CONCORD

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION EMMETTSBURG, IOWA DATE FEBRUARY-7-34

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 2-6-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY-5-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1934, to Feb 5, 1934. I last saw him alive on Feb 4, 1934. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
cardiovascular disease
hypertension
Date of onset 2-3-34

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. D. Prentiss M. D.
(Address) Medical Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-5

STATE OF MISSISSIPPI
OFFICE OF THE ATTORNEY GENERAL
JACKSON, MISSISSIPPI

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