

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.

MAY 25 1934

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

Do not use this space.

15507

1. PLACE OF DEATH

County Jefferson
Township Wentz
City Wentz (No.)

Registration District No. 875
Primary Registration District No. 3039

File No. 75
Registered No.
St. Ward)

2. FULL NAME

William Jasper Peacock

(a) Residence, No. 101 Jefferson 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 45 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 86

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Common Laborer

10. Date deceased last worked at this occupation (month and year) not known 11. Total time (years) spent in this occupation not known

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Ill

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Bettie Forlow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT A. P. Peacock (ADDRESS) Nevada mo

18. BURIAL, CREMATION, OR REMOVAL Chicks Cemetery DATE May - 1 - 1934

19. UNDERTAKER Henry Funeral Home (ADDRESS) Nevada mo

20. FILED 4/30/34 1934 W. M. Nun Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 - 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28 1934 to April 29 1934

I last saw him alive on April 28 1934 Death is said

to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 4/28 1934
82A
1620 82A

Other contributory causes of importance:

Advanced age

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Exam Was 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. H. Forlow M. D.

(Address) Nevada, mo

