

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

Do not use this space.

1. PLACE OF DEATH **MAR 1 9 1935**

County Audrain

Registration District No. 26

File No. 4268

Township _____

Primary Registration District No. 3002

Registered No. 35

City Mexico Mo (No. Audrain Hospital)

St. _____ Ward _____

2. FULL NAME Joseph Sandusky Peyton

(a) Residence No. Wellsville Mo Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-19-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 5 19

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Wellsville Mo

13. NAME Sandusky, F. Peyton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm. Virginia

15. MAIDEN NAME Liza Bunch

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

17. INFORMANT (ADDRESS) C. W. Peyton Vandalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Mo DATE Mar 3 - 1935

19. UNDERTAKER (ADDRESS) F. W. Kishore Wellsville, Mo

20. FILED Mar 1 - 1935 Blanche Reely Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1935, to Feb 28 1935

I last saw him alive on Feb 28 1935. Death is said

to have occurred on the date stated above, at 8:45 p.m.

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

Uremia -
General arteriosclerosis
Chronic Myocarditis
930

Other contributory causes of importance: Hypertrophied Prostate -

Name of operation cystotomy Date of 2/6/35

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? no (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. E. Brashear, M. D.

(Address) Mexico, 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.

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