AUG 13 1935 Pach

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

Do not use this space.

45-04-a

File No. 19

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 86

Township: Washington — Primary Registration District No.: 527

City: (No.) Ennis N Z St Joseph Mo. B & O Railroad Tracks St. Ward)

2. FULL NAME: Bell Peck

(a) Residence, No. St., Ward. (Usual place of abode) Annanella Texas (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 16 1876

7. AGE: Years 58 | Months 2 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nonacute Cancer

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): Fremont Co Iowa

FATHER

13. NAME: Justus S Peck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgium

MOTHER

15. MAIDEN NAME: Mary McCay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Leo Epperry Rosedale Kans

18. BURIAL, CREMATION, OR REMOVAL: Weatherford Okla. DATE Feb 4 1935

19. UNDERTAKER (ADDRESS): B & O Sidney Lodge

20. FILED Feb 4 1935 J. J. Burnsbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19.... I last saw h.... alive on Viewed 19.... Death is said to have occurred on the date stated above, at 6 a.m.

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

Found dead on B & O tracks at St Joseph: Head cut off body: Crushed off

Date of onset

Other contributory causes of importance: no facts

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/3 1935

Where did injury occur? Buchanan Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury: struck by train

Nature of injury: head cut off, chest crushed

24. Was disease or injury in any way related to occupation of deceased? Coroner

If so, specify

(Signed) Forest Thomas, M. D.

(Address) 73 N. Jackson

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.

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

100M-11-24-33