

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

Do not use this space.

JUL 24 1936

23040

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township _____ Primary Registration District No. 10-2
 City Kansas City (No. 2907, Southwest Blvd. St. _____ Ward _____)

File No. _____
 Registered No. 2972

2. FULL NAME Nettie Mae Peak

(a) Residence, No. 2907 Southwest Blvd. St. 9 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 19 36

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

I HEREBY CERTIFY, That I attended deceased from 11:00 am June 22 1936 to June 22 1936
 I last saw her alive on June 22 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1868

to have occurred on the date stated above, at 7:30 pm.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 14

Coronary Thrombosis
Angina Pectoris

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

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

Date of onset
Other contributory causes of importance:
Cholera morbus
Angina Pectoris

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME John Howard

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

15. MAIDEN NAME Mary S. Garret

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

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.

17. INFORMANT George W. Peak
 (ADDRESS) 2907 Southwest Blvd.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Moriah DATE June 24 1936

24. Was disease or injury in any way related to occupation of deceased? na
 If so, specify _____

19. UNDERTAKER (ADDRESS) Gates Funeral Home
Kansas City, Kansas

(Signed) E. W. Mabey md, M. D.
 (Address) 1700 Pennsylvania

20. FILED 23 1936 M. M. Crowe
 Registrar.

Handwritten initials

