

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan,
Township Bloomington,
City (No. 3 Mi. U.E. of DeKalb, Mo.)

Registration District No. 81
Primary Registration District No. 5122

File No. 43785
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Fred H. Peabody,

(a) Residence, No. 3 Mi. U.E. DeKalb, Mo. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 2 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leona Peabody,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9th. 1369</u>				
7. AGE <u>67</u>	YEARS <u>0</u>	MONTHS <u>2</u>	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer,</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm,</u>
	10. Date deceased last worked at this occupation (month and year) <u>December 1936,</u>
	11. Total time (years) spent in this occupation. <u>46</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan County, Missouri,</u>

FATHER	13. NAME <u>Lorren Peabody,</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Maine,</u>

MOTHER	15. MAIDEN NAME <u>Sarah Meyer,</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Missouri,</u>

17. INFORMANT (ADDRESS) <u>Mrs. J. H. Peabody, DeKalb, Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rethel Cemetery</u>	DATE <u>Dec. 13th. 1936</u>
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19. UNDERTAKER (ADDRESS) <u>Heaton-Bishop & Bauman, St. Joseph, Mo.</u>
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20. FILED <u>12/14 1936</u>	REGISTRAR <u>J. W. McAdams</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>12-11-36</u>	22. I HEREBY CERTIFY, That I <u>viewed</u> deceased from <u>12-11-36</u> , 19 <u>36</u> , to _____, 19____.
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.	
The principal cause of death and related causes of importance were as follows: <u>Myocardial Insufficiency</u>	
Date of onset _____	

Other contributory causes of importance: <u>None</u>

Name of operation _____	Date of _____
What test confirmed diagnosis <u>history</u>	Was there an autopsy? <u>No</u>

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? _____
If so, specify _____
(Signed) <u>B. W. Talbot</u> Coroner, M. D.
(Address) <u>St. Joseph Mo</u>

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.

1. The first of the three main areas of concern is the need for a more comprehensive and coordinated approach to the collection, analysis, and dissemination of intelligence information. This is particularly true in the area of counterterrorism, where the lack of a unified command and control structure has led to a fragmented and inefficient system. The second area of concern is the need for a more robust and resilient intelligence infrastructure, which is capable of withstanding the increasing sophistication and scale of cyber threats. The third area of concern is the need for a more effective and efficient system of intelligence sharing, which is capable of ensuring that all relevant agencies and personnel have access to the information they need to do their jobs.

2. In order to address these concerns, the Department of Defense has initiated a series of reforms and initiatives. These include the creation of a new Joint Intelligence Task Force (JITF) for counterterrorism, the establishment of a new Cyber Intelligence Center (CIC), and the implementation of a new system of intelligence sharing. These reforms are designed to ensure that the Department of Defense is able to meet the challenges of the 21st century and to maintain its position as a leading global power.

3. The Department of Defense is committed to ensuring that its intelligence operations are effective and efficient. This requires a continuous and coordinated effort to improve the collection, analysis, and dissemination of intelligence information. The Department is also committed to ensuring that its intelligence infrastructure is robust and resilient, and that its system of intelligence sharing is effective and efficient. These commitments are essential to the Department's ability to meet the challenges of the 21st century and to maintain its position as a leading global power.

11

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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1. PLACE OF DEATH

County Buchanan
Township Bloomington
City (No.)

Registration District No. 81
Primary Registration District No. 3122

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)
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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 67 MONTHS 0 DAYS 2 If LESS than 1 day, hrs. or min.

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12/12 19 30 J. W. M. S. Adair Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/11 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw die on , 19 . Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

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? 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?
If so, specify

(Signed) B. W. Tallock Cor. M. D.
(Address) J. W. M. S. Adair

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