

AUG 31 1937 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Wichita*

Township *Wichita*

City *Wichita*

Registration District No. *908*

Primary Registration District No. *6222*

File No. *28663*

Registered No. *32*

St. _____

Ward _____

2. FULL NAME *Rufus Peashee*

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred *25* yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 24 1866*

7. AGE

YEARS *69*

MONTHS *0*

DAYS *11*

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) *Indiana*

FATHER

13. NAME *Arthur Peashee*

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

MOTHER

15. MAIDEN NAME *Mrs. Jane Mayors*

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

17. INFORMANT (ADDRESS) *Mrs. Susan Peashee*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Peashee*

DATE *7-7-1937*

19. UNDERTAKER (ADDRESS) *Porter Funeral Home*

20. FILED *7-7-1937*

1937

Bernice Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-5*, 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *7/5*, 19*37*, to *7/5*, 19*37*

I last saw him alive on *7/5*, 19*37*. Death is said

to have occurred on the date stated above, at *2:15* p. m.

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

accidental injury (Waggon ran over him)

Date of onset

Other contributory causes of importance:

Name of operation *212 m*

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) *R. A. Ryan*

M. D.

(Address) *Wichita, Kan.*

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.

