

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

Do not use this space.
Robert G. ...
2799
64

1. PLACE OF DEATH

County Greene Registration District No. 316
Township Springfield Primary Registration District No. 2001
City Springfield (No. 200) Springfield Baptist Hospital St. _____ Ward)

2. FULL NAME

Parthena J. Peak 200
(a) Residence, No. Rt 4 Springfield Mo. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Frank Peak (Dec 26 yrs)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
✓ 51 11 3 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Springfield Mo

13. NAME Symon Tracy

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

15. MAIDEN NAME Parthena Jewell

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

17. INFORMANT Frank E. Peak
(ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Jan. 22 1938

19. UNDERTAKER Alicea DeGruyter
(ADDRESS) Springfield Mo.

20. FILED Jan 22 1938 Chas. A. George, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 3 1936 to Jan 20 1938

I last saw him alive on Jan 20 1938 Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis 1/17/38
Hypertension
Other contributory causes of importance: SB

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) Robert G. DeGruyter M. D.
(Address) Springfield

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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH