

REC'D AUG 8 1938

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

Do not use this space.

24138

1. PLACE OF DEATH

County Jackson Registration District No. 2
Township Raw Primary Registration District No. 2 File No. 2643
City Kansas City (No. 4923 College) St. Mo. Ward 1

2. FULL NAME

Ms. Jeannette Peck 20.0.
(a) Residence, No. 4923 College St., Mo. Ward. (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh M. Peck6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 18637. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 0OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IllinoisFATHER 13. NAME Henry Crossmingle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PennMOTHER 15. MAIDEN NAME Untersnow16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Untersnow17. INFORMANT (ADDRESS) C. J. Peck18. BURIAL, CREMATION OR REMOVAL PLACE Mt. Mariah DATE July 5, 193819. UNDERTAKER (ADDRESS) Dr. W. Newland's Sons20. FILED 7-2 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 193822. I HEREBY CERTIFY That I attended deceased from June 1936 to June 30 1938I last saw h. Er alive on June 30 1938. Death is said to have occurred on the date stated above, at 10 35 1938 A.M.

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

Date of onset

Pulmonary Edema 6/29/38Chronic Myocarditis 3/38Other contributory causes of importance: 930Arterio sclerosisName of operation none 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? Yes

If so, specify

(Signed) J. E. Boell 1, M. D.(Address) 1102 E 47

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.

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