

REC'D SEP 23 1938

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

29171
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township _____ Primary Registration District No. 3020 Registered No. _____
(c) City Carthage, Mo. (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herbert H. Peckham

(a) Residence, No. 1744 S. River St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Lois C. Harrington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 21, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. machinist
9. Industry or business in which work was done, as 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) Canastota New York

FATHER 13. NAME Frank Peckham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. H. H. Peckham
(ADDRESS) 1744 S. River

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE August 2, 1938

19. FUNERAL DIRECTOR Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED Aug 2, 1938 E. J. Mc Intire, M.D.
Local Registrar. 81-5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938 to July 31, 1938.
Next saw h. alive on July 31, 1938. Death is said to have occurred on the date stated above, at 2:00 m. a. m.
The principal cause of death and related causes of importance were as follows:

Due to conditions acute pulmonary edema
Date of onset 7/30/38
arteriosclerosis

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? physical 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) George H. Ward, M. D.
(Address) Carthage Mo.

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

District Health Officer No. 6,

District File Number 6-38-21

Date Filed 9/19/38

STATEMENT BY LICENSED EMBALMER

I, E. E. Eddleman, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. E. Eddleman

Licensed Embalmer No. 2222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)