

DEC 5 1938

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

38960
Do not use this space.

1. PLACE OF DEATH
 (a) County Clinton Registration District No. 204
 (b) Township Shoal Primary Registration District No. 3013
 (c) City Cameron, Mo. (d) Street No. _____ St. _____
 (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 Helen Marie Peck
200 North Chestnut
 (a) Residence, No. _____ St. (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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5th., 1938

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>—</u>	<u>3</u>	<u>22</u>	

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

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) Cameron, Mo.

FATHER 13. NAME W. C. Peck

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

MOTHER 15. MAIDEN NAME Mary M. Peck HARRIS.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County, Missouri

17. INFORMANT (ADDRESS) Mary M. Peck Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paridise Cem. Paradise, Mo. DATE Nov. 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) O. A. Moore. Cameron, Mo.

20. FILED Nov. 28th 1938 Albert R. Riley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938 to Nov 27, 1938
 I last saw her alive on Nov 25, 1938 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset Nov 23-38

Other contributory causes of importance: 10th

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 A. O. Gilliland, M. D.
 (Signed) _____ (Address) 185 Cameron, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, *O. Moore*, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *O. Moore*

L. E.

No. _____ or by _____, Registered Apprentice No. #

working under my personal supervision.

Signed *O. Moore*

Licensed Embalmer No. 1180

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.)