

REC'D SEP 20 1939

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

29372  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
 (b) Township Carthage Primary Registration District No. 3020 Registered No. 162  
 (c) City Carthage (d) Street No. McCune-Brooks Hospital 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 Lois M. Peckham

(a) Residence, No. 909 E. Highland 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herbert H. Peckham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 1 6

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

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) Cambridge  
 (STATE OR COUNTRY) New York

13. NAME Abraham Harrington

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

15. MAIDEN NAME Julia E. Hill

16. BIRTHPLACE (CITY OR TOWN) New York  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Grace Carter  
 (ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 8-22-39 19

19. FUNERAL DIRECTOR (NAME) Ulmer  
 (ADDRESS) Carthage, Mo.

20. FILED Aug 22 1939 E. J. McIntire, M.D.  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1939, to Aug 19, 1939

I last saw him alive on Aug 19, 1939 Death is said to have occurred on the date stated above, 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Uremia - Chronic nephritis.

Date of case  
8/12/39

Other contributory causes of importance: 131

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. Wood M. D.  
Carthage Mo (Address)

RECEIVED

DEPT. OF HEALTH Officer No. 6,

District File Number 939-1882

Date Filed SEP 12 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Edle...*

Licensed Embalmer No. 2772

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**