

STANDARD CERTIFICATE OF DEATH

State File No.

22972

Registration District No. 1024

Primary Registration District No. 6088

Registrar's No.

1. PLACE OF DEATH:

(a) County: Shelby  
(b) City or town: Rural, Leger Fork  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)

In this community: all life  
years, months or days

3. (a) PRINT FULL NAME: Mary Josephine Peak

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Wm Peak 6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: July 9 - 1883  
(Month) (Day) (Year)

8. AGE: Years: 56 Months: 11 Days: 18 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Shelby Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business:

12. Name: Berjamin Otten

13. Birthplace: Not known Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name: Henrietta Perrott

15. Birthplace: Not known Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant: Wm Peak

(b) Address: Church Bethel Mo

17. (a) (Burial, cremation, or removed): \_\_\_\_\_ (b) Date thereof: June 29 - 1940  
(Month) (Day) (Year)

(c) Place: burial or cremation: Concord

18. (a) Signature of funeral director: W. Musgrove

(b) Address: Bethel, Mo.

19. (a) June 27 - 1940 (b) Mrs W. Musgrove  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shelby  
(c) City or town: Rural  
(If outside city or town limits, write "RURAL")

(d) Street No: North Eastern part Shelby Co.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 27  
year: 1940 hour: 12:30 minute: 9 P. M.

21. I hereby certify that I attended the deceased from April 3, 1940 to June 27, 1940 that I last saw her alive on June 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus and involving rectum

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: Secondary Anemia  
(include pregnancy within 3 months of death)

Major findings: Laparotomy  
Of operations: Carcinoma of uterus and involving rectum  
Of autopsy: \_\_\_\_\_

Duration: 2

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

152 (Specify type of place) \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature: Norris B. Young (M. D. or other) \_\_\_\_\_

Address: Newark, Mo Date signed: 6/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD



MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22972**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **1024**

Primary Registration District No. **6088**

Registrar's No. ....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Shelby**

(b) City or town **Fiber farm. T. P.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Josephine Pease**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife.....

6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years **36** Months **11** Days **18**

If less than one day hr. min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits write "RURAL")

(d) Street No..... (If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years.

20. DATE OF DEATH: Month **June** day **27** year **1940** hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

IMMEDIATE CERTIFICATION

Immediate cause of death **Carcinoma uterus and involving Rectum**

Due to **Carcinoma Cervix & Uterus**

Due to **primary of uterus**

Other conditions **Secondary anemia**  
(Include pregnancy within 3 months of death)

Major findings: **Laparotomy**  
Of operations **Carcinoma of uterus**

Of autopsy.....

Physician **48**

Underline name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature **Waldo B. Isom, M.D.** (M. D. or other) **Isom**

Address **Newark, Mo.** Date signed.....

SUPPLEMENTARY

S-22972