2799

FILED JAN 18 1943

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

Do not use this space.

1. PLACE OF DEATH
County McDonald — Registration District No. 195 — File No.
Township [illegible] — Primary Registration District No. 5714 — Registered No. 25
City [illegible] (No. ..... St. ..... Ward)

2. FULL NAME [illegible] Calloway Peck
(a) Residence, No. [illegible] St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX [illegible]
4. COLOR OR RACE [illegible]
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) [illegible]

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17-1850

7. AGE — YEARS 92 — MONTHS 10 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cattle man
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible] Tennessee

FATHER
13. NAME [illegible] Peck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER
15. MAIDEN NAME Julia Ann McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs H F Ames Lanagan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE [illegible] Mo. DATE 12-11 1942

19. UNDERTAKER (ADDRESS) [illegible] Funeral Home [illegible]

20. FILED 1-4-42 19 Ina Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1942

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

181
15

Name of operation ..... 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? Accident Date of injury 12-9, 1942
Where did injury occur? LANAGAN, McDonald, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Body destroyed by fire
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....
(Signed) R. M. Humphrey Coroner M. D.
(Address) Pineville, 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.

100M-11-24-33

RECEIVED
District Health Officer No. 6,
District File Number 143-50
Date Filed JAN 15 1943