

MAY 27 1930

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

Do not use this space.

13164

1. PLACE OF DEATH

County Laura
Township Laura
City Laura (No. 833 Oak ave.)

Registration District No. 467
Primary Registration District No. 4280

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Cesna A Peake
(a) Residence, No. 833 Oak ave. St. 2 Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 - 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
34 6 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Coromull
(STATE OR COUNTRY)

10. NAME OF FATHER Chas Gambley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind
(STATE OR COUNTRY)

14. INFORMANT Samuel O Peake
(Address) Laura Mo

15. FILED 5-6 19 30 W W Lunt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 95 1930

17. I HEREBY CERTIFY, That I attended deceased from April 23 1930, to April 27 1930, and that I last saw her alive on April 27 1930, and that death occurred, on the date stated above, at 1:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

4 ophthalmic lesion

10 to 15 (duration) 1 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS physical signs
(Signed) J. D. Thomson, M. D.

, 19 (Address) Laura Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Maple Park Cem 4-29 1930
20. UNDERTAKER King Funeral Home ADDRESS Laura

7100

WHITE 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.

