

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

Do not use this space.

41777

**PLACE OF DEATH**

County Sullivan  
Township Jackson  
City Near Pollock (No. ....)

Registration District No. 852  
Primary Registration District No. 6124

File No. ....  
Registered No. 40  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St., .... Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Sarah Peck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4, 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
87 4 07

8. OCCUPATION OF DECEASED Retired Farmer.

(a) Trade, profession, or particular kind of work Civil War Veteran  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Washington Co., Illinois  
(STATE OR COUNTRY)

10. NAME OF FATHER Safayette Peck

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT W. Riley Peck  
(Address) Pollock Mo

15. FILED 12/3 1930 Birtha McClure  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1930

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1930, to June 1, 1930 that I last saw him alive on May 2, 1930, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Brights Disease  
121  
87 H

(duration) 5 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage and Paralysis  
(duration) 8 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 124 W

IF NOT AT PLACE OF DEATH

18 DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. L. Garner M. D.

12/11 1930 (Address) Milan, 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 Bethany Cem. Co. Mason DATE OF BURIAL Dec 12, 1930

20. UNDERTAKER C. A. Schoene ADDRESS Milan, Mo.

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.

JAN 22 1931

