

SEP 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28637
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 3
 (b) Township St. Joseph Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. St. Hospital # 2 Registered No. 868
 (e) Length of residence in city or town where death occurred yrs. mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 270 Thomas Layton Peacock St. Andrew Co.
 (Usual place of abode if no street address, write county or city) (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 4

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. farmer
 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) (STATE OR COUNTRY) Andrew Co. Mo.

13. NAME Benjamin Peacock

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

15. MAIDEN NAME Lizzie Atkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Bert Peacock Helena Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo. DATE Aug 26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lucile M. Wilson King City Mo.

20. FILED Aug 24 1939 W. Neidreubal Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1939 to Aug 23, 1939

I last saw him alive on Aug. 11, 1939 Death is said to have occurred on the date stated above, at 8:15 P.M.
 The principal cause of death and related causes of importance were as follows:

arteriosclerosis

Date of onset

97

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

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) T. T. Caldwell, M. D.

(Address) St. Joseph

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.

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,

Lucile M. Wilson

....., or by

Registered Apprentice No. *2830*, working under my personal supervision.

Signed.....

Lucile M. Wilson

Licensed Embalmer No. *2830*

P. O. Address *King City Mo*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28637
Do not use this space.

1. PLACE OF DEATH

(a) County Buehanan Registration District No. 85
 (b) Township St Joseph Primary Registration District No. 1001 Registered No. 868
 (c) City St Joseph (d) Street No. _____ 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 _____ (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Thomas Rayton Peasew

(a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) noo-19-1875

7. AGE YEARS 63 MONTHS 9 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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

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) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Aug 24 1934 J. Wattlebush Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ 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:
arteriosclerosis

Date of onset _____

Other contributory causes of importance: 97

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? _____ 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? _____
 If so, specify _____
 (Signed) T. G. Odell M. D.
 (Address) St Joseph Mo

Supplemental

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED IN L
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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