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.

FILED MAY 13 1940

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

Do not use this space.

14910

1. PLACE OF DEATH
County Greene
Township N. Campbell
City Springfield (No. St. John Hospital St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 371

2. FULL NAME 200 Jesse Alvah Peck
(a) Residence, No. St., Ward. Ava, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Edna Peck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1896
7. AGE Years 44 Months 2 Days 11 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. School Teacher
10. Date deceased last worked at this occupation (month and year) 2 March 1940
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rogersville, Mo.

FATHER
13. NAME E. J. Peck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Lillie Hicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mary E. Peck Ava, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava Cem DATE 4/19 1940
19. UNDERTAKER (ADDRESS) Clinkingbeard Funeral Home Ava, Mo.
20. FILED 4/17/40 19 W. E. Handley MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17, 1940
22. I HEREBY CERTIFY, That I attended deceased from March 24, 1940 to April 17, 1940
I last saw h. alive on April 17, 1940. Death is said to have occurred on the date stated above, at 8:20 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-1-40
94B	
Other contributory causes of importance:	
Cerebral Embolism	3-23-40
Embolism of descending aorta	4-14-40

Name of operation Date of
What test confirmed diagnosis? Ekg. Lab. Was there an autopsy? No

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) [signature], M. D.
(Address) Springfield, Mo.

AUG 30 1955