FILED JUN 7 1940

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

18115

Do not use this space.

1. PLACE OF DEATH
(a) County Carter — Registration District No. 145
(b) Township Johnson — 2 Primary Registration District No. 6208 — Registered No. 6
(c) City — (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 6 yrs. 7 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 250 Franklin Coy Peek
(a) Residence, No. Hunter, Mo. — 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

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) Sept. 9, 1933
7. AGE YEARS 6 MONTHS 7 DAYS 5 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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) Carter Co. Mo

FATHER
13. NAME Carl Franklin Peek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co

MOTHER
15. MAIDEN NAME Lucy Irene Hampton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co

17. INFORMANT John Hampton
(ADDRESS) Hunter, Missouri
18. BURIAL, CREMATION, OR REMOVAL Mount Carmel Cemetery
PLACE Hunter, Mo DATE April 14, 1940
19. FUNERAL DIRECTOR (NAME)
(ADDRESS)
20. FILED 5-7, 1940 Loyal E. Hood Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1940
22. I HEREBY CERTIFY, That I attended deceased from April 12, 1940, to April 13, 1940
I last saw him alive on April 13, 1940. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-12-40
Streptococcus Type Sore Throat	4-11-40

115

Other contributory causes of importance:
Convulsions (2 Day of Death)
History suggestive of epilepsy ± 1 yr. ago

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? No.
If so, specify
(Signed) Thelma Cotton Buckthorpe M. D.
(Address) 923 Van Buren, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.