

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Nelson
Vol. Fol. 11 2
Inc. Town
City (No. St., Ward)
2 FULL NAME Thomas Peak

Registration District No. 880
Primary Registration District No. 7142

File No. 31290
Registered No. 28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>Mar.</u> <u>1842</u> (Month) (Day) (Year)		
7 AGE yrs. mos. ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Nelson Co. Ky.</u>		
PARENTS	10 NAME OF FATHER <u>William Peak</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Nelson Co. Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Louisa Edwin</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Nelson Co. Ky.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Peak
(Address) New Haven Ky.

15 Filed 2-28, 1915
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Dec 28, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 5, 1915, to Dec 28, 1915, that I last saw him alive on Dec 28, 1915, and that death occurred on the date stated above at 2 P.M. The CAUSE OF DEATH* was as follows:
Influenza
(Duration) yrs. mos. 18 ds.
Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) Edw. W. Mudd, M. D.
Dec 28, 1915 (Address) New Haven Ky.

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
New Haven Ky

DATE OF BURIAL
Dec 29, 1915

20 UNDERTAKER
Chas. J. Cagle

ADDRESS
New Haven Ky