

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1526

1 PLACE OF BIRTH
County Jefferson
Vol. No. _____
Inc. Town _____
City LouisvilleRegistration District No. 755
Primary Registration District No. 2275
(No. 2415 N. Chestnut St., _____ Ward)File No. _____
Registered No. 966

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

2 FULL NAME George W. Peake

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Married Widowed or Divorced (Write the word)6 DATE OF BIRTH August 8th, 1852
(Month) (Day) (Year)7 AGE 73 yrs. 5 mos. 17 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work Retired Farmer
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Nelson County, Ky.10 NAME OF FATHER William Peake11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Lucinda Egan13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Teresa Peake(Address) 2415 N. Chestnut15 JAN 20 1926 Filed _____ 1926 Dr. L. A. Butcher Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 25th, 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from October, 1925, to January 25, 1926, that I last saw him alive on January 25, 1926, and that death occurred on the date stated above at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis(Duration) _____ yrs. 3 mos. _____ ds.
Contributory (Secondary) Atherosclerosis

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) T. J. Rice, M. D.
Jan 26, 1926 (Address) 12th & Garland

*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 _____ 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 St. Michael's Cemetery DATE OF BURIAL Jan 27, 192620 UNDERTAKER C. Schulte & Sons ADDRESS 705 E. BroadwayWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR INDEXING
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. See instructions on back of certificate.