

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8957

1 PLACE OF DEATH

County Jefferson

Vol. Pct. _____

Inc. Town _____

City LouisvilleRegistration District No. 1050Primary Registration District No. 1075(No. St. Mary & Elizabeth Hospital)

File No. _____

Registered No. 411

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

2 FULL NAME

Robert E. 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 March 29th 1849
(Month) (Day) (Year)

7 AGE 73 yrs. 11 mos. 6 ds.
IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION
(a) Trade, profession or particular kind of work Insurance
(b) General nature of industry, business or establishment in which employed (or employer) Agent

9 BIRTHPLACE (State or country) Nelson Co Ky

10 NAME OF FATHER William Peake

11 BIRTHPLACE OF FATHER (State or country) Nelson Co Ky

12 MAIDEN NAME OF MOTHER Lucinda Edelen

13 BIRTHPLACE OF MOTHER (State or country) Nelson Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Disney A. Peake(Address) 518 - 2nd St15 Dr. L. A. ButcherFiled FEB 6 1922

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 4th 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 7th 1922, to Feb 4th 1922, that I last saw him alive on Feb 3rd 1922,

and that death occurred on the date stated above at 1 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) Bronchial Pneumonia

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) John J. Connelly, M. D.
Feb 5th 1922 (Address) 273 1/2 S. 4th St

*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 518 - 2nd St19 PLACE OF BURIAL OR REMOVAL New Haven Ky DATE OF BURIAL Feb 6th 192220 UNDERTAKER Gran W Smith's Son ADDRESS 5 E Cor 6th & 2nd