

DELAY

17236

Form T. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the CensusCOMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHState File No. 3357
Registrar's No. 3378Registration District No. 75 X Primary Registration District No. 3378

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Jefferson</u>	(b) State <u>Kentucky</u>	(c) County <u>Jefferson</u>	
(b) City or town <u>Louisville</u>	(c) City or town <u>Louisville</u>		
(c) Name of hospital or institution: <u>St. Joseph's Dispensary</u>	(d) Street No. <u>New Haven</u>		
(d) Length of stay: <u>2 Days</u>	(e) If foreign born, how long in U. S. A.?		

3(a) FULL NAME Thomas Boone Peake

3(b) If veteran, _____ 3(c) Social Security No. _____

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced Married6(b) Name of husband or wife Della Greenwell Peake6(c) Age of husband or wife if alive 66 Years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ If less than one day, hr. _____ min. _____9. Birthplace Nelson County, Ky.10. Usual occupation Carpenter11. Industry or business Tom Moore DistilleryFATHER 12. Name Richard Peake13. Birthplace Nelson Co. Ky.MOTHER 14. Maiden name Saga Boone15. Birthplace Nelson County, Ky.16(a) Informant's own signature Joseph H. Peake(b) Address New Haven, Ky.17. BURIAL: Place St. Catherine's Cemetery Date July 20, 194518(a) Signature of medical director J. H. Peake(b) Address New Haven, Ky.19(a) AUG 20 1945 (Date received by local registrar) (Registrar's Signature)MEDICAL CERTIFICATION
20. DATE OF DEATH July 24th 1945

21. I hereby certify that I attended the deceased from _____ to _____, and that death occurred on the day _____, 19____, at _____, M.

Immediate cause of death Fractured skullConcussion of brainDue to accidentcar overturned whilecoming on to highway

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 170.0

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence July 24 - 1945(c) Where death occurred: at home, or factory, industrial plant, public place, etc. (Specify type of place) at homeWhile at work? no (a) Means of injury _____23. Signature Dr. J. H. PeakeAddress New Haven, Ky.

MARGIN RESERVED FOR BINDING

N. B. - WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD. Every item of information should be readily supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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