## STATE OF WISCONSIN-DEPARTMENT OF HEALTH AND SOCIAL SERVICES ORIGINAL CERTIFICATE OF DEATH

## LAVERNE ERWIN PEICH

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545

State Death No. 75376

Vol. 150 (75001 - 75600 Rock County)

Corrections made 15th day of Mar. 1985 by me & Art based on report by F.H. Items 7b&c. Esther A. Gage, Reg. Of Deeds

ED

	TRANSCRIBI
1.	Decedent Name: <u>LaVerne Erwin Peich</u>
2.	Sex: Male
3.	Date of Death: March 13, 1985
4.	Race: White
5.	Age Last Birthday: 75 Years; Changed to 74 Years
6.	<b>Date of Birth</b> : <u>July 19, 1910</u>
7.	a) County of Death: Rock b) Inside City or Village Limits: No; Changed to Yes
	c) City, Village, or Township: <u>LaPrairie Township; Changed to Janesville</u>
	d) Hospital or Other Institution: Mercy Hospital
0	e) If Hospital or Institution: DOA: OP/Emer Rm Inpatient Inpatient
	State of Birth: Illinois
	Citizen of What Country: U.S.A.
	Single, Married, Widowed, Divorced: Married
	Surviving Spouse: Vera Gleason
	Ever in U.S. Armed Forces: No
	Social Security Number: 396-09-1671
	a) Usual Occupation: Farmer (ret.) b) Kind of Business: Own Farm-Agriculture
15.	a) Residence-State: Wisconsin b) County: Rock
	c) City, Village or Township: <u>LaPrairie Township</u> e) Street and Number: <u>Rt. 3 Townhall Road, Janesville</u>
16	Father-Name: Erwin Peich
	Mother-Maiden Name: Irene Godfrey
	a) Informant-Name: Vera Peich
10.	b) Mailing Address: Rt. 3 Townhall Road, Janesville, Wisconsin 53545
19	a) Burial, Cremation or Removal: Burial b) Place: Oak Hill Cemetery
1).	c) Location: Janesville, Wisconsin
20.	a) Funeral Service Licensee: E.J. Overton b) Name of Facility: Overton Funeral Home
	c) Funeral Director Lic. No.: 743
	d) Address of Facility: 15 N. Jackson, Janesville, Wisconsin 53545
	e) Date Signed by Funeral Service Licensee: March 14, 1985
21.	a) Certification
	To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
22	S. W. Gruhn, M.D. b) Date Signed: 3-14-85 c) Hour of Death: 2:07 p.m.
23.	Name and Address of Certifier: S. W. Gruhn, M.D., Department of Internal Medicine, Janesville Riverview Clinic, Janesville, WI 53545
24	<u></u>
	a) Registrar: Esther A. Gage, Reg. of Deeds b) Date Received by Registrar: Mar. 15, 1985  Part I: Cause of Death
۷۶.	a) Immediate Cause: Myocardial Infection; Interval Between Onset & Death: None
	b) Due to or as a Consequence of: Arteriosclerosis; Interval Between Onset & Death: ? Years
	Part II: Other Significant Conditions: Atrial Fibrillation, Hypertension, Gout, CA of Breast
26.	Autopsy: No
	Was Medical Examiner or Coroner Notified: No

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