

STATE OF WISCONSIN—DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORIGINAL CERTIFICATE OF DEATH

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

Deaths—Rock County, July 1985 – Dec. 1985 Vol. 152 (0001 - 0560) Local File Number: 0032

VERA ELOISE PEICH

TRANSCRIBED

1. Decedent Name: Vera Eloise Peich
2. Sex: Female
3. Date of Death: July 14, 1985
4. Race: White
5. Age: 75 Years
6. Date of Birth: August 11, 1909
7. a) County of Death: Rock b) Inside City or Village Limits: Yes
c) City, Village or Township of Death: Janesville
d) Hospital or Other Institution-Name: Mercy Hospital
 Hospital Nursing Home Other Institution
e) If Hospital or Institution: DOA OP/Emergency Room Inpatient
8. State of Birth: Wisconsin
9. Citizen of What Country: U.S.A.
10. Married, Separated, Divorced, Never Married, Widowed: Widowed
11. Surviving Spouse: None
12. Was Decedent Ever in the U.S. Armed Forces: No
13. Social Security Number: 396-09-3534
14. a) Usual Occupation: Secretary (ret.) b) Kind of Business: Moving Company
15. Residence: a) State: Wisconsin b) County: Rock
c) City, Village or Township of Residence: LaPrairie Township
d) Inside City or Village Limits: No
e) Street and Number: Rt. 3 Townhall Road, Janesville, Wisconsin 53545
16. Father-Name: William Gleason
17. Mother-Maiden Name: Mamie Hillebrandt
18. a) Informant-Name: Bruce Peich
b) Mailing Address: 1209 Jerome Ave—Janesville, Wisconsin 53545
19. a) Burial, Cremation, Entombment, Removal: Burial
b) Cemetery or Crematory: Oak Hill Cemetery c) Location: Janesville, Wisconsin
20. a) Funeral Service Licensee or Person Acting as Such: E. J. Overton
b) Name of Facility: Overton Funeral Home c) Funeral Director License No.: 743
d) Address of Facility: 15 N. Jackson Street, Janesville, Wisconsin 53545
e) Date Signed by Funeral Service Licensee: July 15, 1985
21. a) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated: Signature and Title: J. F. Brandman, M.D.
b) Date Signed: 7-15-85 c) Hour of Death: 1 A.M.
d) Name of Attending Physician, if Other Than Certifier: -----
22. -----
23. Name and Address of Certifier: J.F. Brandman, M.D., Department of Oncology,
Janesville Riverview Clinic, Janesville, Wisconsin 53545
24. a) Registrar: Esther A. Gage, Reg. Of Deeds b) Date Signed by Registrar: July 15, 1985
25. Cause of Death: Part I:
a) Immediate Cause: Acute Leukemia; Interval Between Onset and Death—8 Months
b) Due to or as a Consequence of: -----; Interval Between Onset and Death-----
Part II: Other Significant Conditions: -----
26. Autopsy: No
27. Was Medical Examiner or Coroner Notified: No
28. Injury: -----