

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

8997

**1. PLACE OF DEATH**

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. 12297City St. Louis (No. 3933 So Broadway, Merian Bldg.)

Ward.....

**2. FULL NAME**(a) Residence. No. Galatia Ill St. 3 Ward..... (if nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS****3. SEX**Male**4. COLOR OR RACE**White**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Jennie Pemberton**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Feb. 22 - 1871**7. AGE**YEARS 53MONTHS 0DAYS 12

If LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....

Physician

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Galatia Illinois**10. NAME OF FATHER** Matthews Pemberton**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Tennessee**12. MAIDEN NAME OF MOTHER** Margaret Tate**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Tennessee**14. INFORMANT (Address)** Brother Alexas 3933 So. Broadway**15. FILED** Mar 6 1924 REGISTERED**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 4<sup>th</sup> 1924**17.**I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1924, to March 4<sup>th</sup>, 1924 that I last saw him alive on March 4<sup>th</sup>, 1924, and that death occurred, on the date stated above, at 6:15 P.M.**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**Brain tumor5394

(duration) ..... yrs. .... mos. .... da.

**CONTRIBUTORY (SECONDARY)** Coronary Sclerosis

(duration) ..... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 28 - 1924WAS THERE AN AUTOPSY? YesWHAT TEST CONFIRMED DIAGNOSIS? Chemical  
(Signed) Geo. F. McCarty, M. D., 19 (Address) 301 West Bay

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Galatia Ill **DATE OF BURIAL** March 5 1924**20. UNDERTAKER** Sparks Bros. **ADDRESS** 2201 So. Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

A. B.—Every item of information should be carefully verified before being entered upon this certificate. This certificate should be returned to the Bureau of Vital Statistics, Missouri State Board of Health, St. Louis, Mo.



Division of  
Vital Statistics

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

Nov. 19-1924

#2  
Dr. Cortez F. Enloe,  
Special Agent,  
Jefferson City, Mo.

8997  
2297

Sir:

It is essential that death certificates be made complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Calvin W. Pemberton

Died at: St. Louis on Mar - 4 - 1924

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(if nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Place of father (State or country) \_\_\_\_\_

Place of mother (State or country) \_\_\_\_\_

Cause of Death: Brain Tumor Malignant

Information given over Phone by Dr. E. J. McCarthy  
Dist. of W. S. 11-28-24

Contributory: Coronary Sclerosis

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Where was disease contracted?