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

Do not use this space.

11630

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 4617 E 8th St. St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 1420

2. FULL NAME Claude L. Pendleton
(a) Residence. No. 4617 E 8th St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Evalina Pendleton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 58 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED: Daryman
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): Himself
(c) Name of employer: Himself

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Independence, Missouri

PARENTS

10. NAME OF FATHER: Ebly Pendleton (?)
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Mary H. Erwin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Independence, Missouri

14. INFORMANT: ~~Elm Wood Cem.~~ Tom Pendleton
(Address) R. 4 S. Indy Mo

15. FILED 4/4, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 4 1927

17. I HEREBY CERTIFY, That I attended deceased from May, 1925, to Apr 3, 1927, that I last saw him alive on Apr 3, 1927, and that death occurred, on the date stated above, at 4a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
92A
90a
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. C. Hickenson, M. D.
Apr 4, 1927 (Address) Independence Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Elm Wood Cem. | DATE OF BURIAL: April 5th, 1927. 19

20. UNDERTAKER: C. L. Carson & Son | ADDRESS: Indy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.