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.

NOV 5 1928

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

Do not use this space.

33372

1. PLACE OF DEATH
County Jackson — Registration District No. 378
Township Blue — Primary Registration District No. 3019
City Independence Mo. 615 S Main — St. 3 Ward)

File No.
Registered No. 299

2. FULL NAME Nannie Ann Pendleton
(a) Residence. No. 615 So. Main St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harris H. Pendleton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27. 1864

7. AGE: Years 62 | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Hickman Mills
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Daniel Flanagan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Emily Pendleton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Standford
(STATE OR COUNTRY) Ky.

14. INFORMANT Margaret Armstrong
(Address) 710 So Yaland

15. FILED Nov 25 1927 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Nov 24, 1927 that I last saw her alive on Nov 24, 1927, and that death occurred, on the date stated above, at 11.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
50 Lobar Pneumonia
100
47
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Cancer Breast
(duration) 1 yrs. 7 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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Post mortem
(Signed) J. C. Hickerson, M. D
Nov 25, 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: Woodlawn Cemetery
DATE OF BURIAL: Nov 26 1927
20. UNDERTAKER: Ott + Mitchell
ADDRESS: Indep Mo

THIS IS A PERMANENT RECORD