JUL 25 1928

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

Do not use this space.

21007

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411 — File No.:

Township: Watrina — Primary Registration District No.: 2002 — Registered No.: 266

City: Joplin (No. ..... St. ..... Ward)

2. FULL NAME Edward Mendenhall

(a) Residence. No. 702 McKinley St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
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: Vina Mendenhall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 25 1872

7. AGE: Years 55 — Months 10 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Grocery Shipping Clerk
(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): New Cambria Mo

PARENTS

10. NAME OF FATHER: Sanford Mendenhall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: Susan Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Vina Mendenhall (Address) Joplin, Mo

15. FILED 6/9, 1928 — Dr. A. Benson Clark, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1927, to June 7, 1928, that I last saw him alive on June 7, 1928, and that death occurred, on the date stated above, at 12 40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral hemorrhage

X2H 74A1

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Appoplexy

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. L. Chenoweth, M. D.
, 19 (Address) Joplin, 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: Forest Park — DATE OF BURIAL: June 11 1928

20. UNDERTAKER: Anderson Hud Co — ADDRESS: Joplin

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING