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

Do not use this space.

1174

1 1929 39 0 0

1. PLACE OF DEATH

County Greene Co Farm — Registration District No. 318 — File No.

Township N Campbell — Primary Registration District No. 5439 — Registered No. 19

City Springfield (No. R#4 St. Ward)

2. FULL NAME Joe Pendergrass

(a) Residence. No. R#4 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1859

7. AGE: Years 70 — Months Unknown — Days — If LESS than 1 day, hrs. or min.

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

262

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

31

PARENTS

10. NAME OF FATHER: Unknown

31

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

31

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): Redfearn & Hoyal, Boise Ave Mo

15. FILED 1-7, 1929 O.C. Horst Wse, REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 2-29, 19, to Jan 5, 1929, that I last saw him alive on Jan 5, 1929, and that death occurred, on the date stated above, at 2 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

11A

109A (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Influenza

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Alas A George, M.D.

, 19 (Address) Springfield 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: Yakely Chapel, Redfearn & Hoyal — DATE OF BURIAL: Jan 7th 1929

20. UNDERTAKER: Redfearn & Hoyal, Yakley Chapel — ADDRESS: Bais Dore Mo

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.