

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.

FEB 20 1930

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

Do not use this space  
Dr. Bishop  
2207  
File No. \_\_\_\_\_  
Registered No. 27  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township Sedalia Primary Registration District No. 3032  
City Sedalia (No. \_\_\_\_\_) (If nonresident give city or town and State)

2. FULL NAME James Pontius  
(a) Residence No. 423 E 10th St., \_\_\_\_\_ Ward, \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 15 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*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23rd 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>4</u>	<u>28</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Notte Co  
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER G. B. Pontius

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Myrtle Co  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Sarah Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Union Co  
(STATE OR COUNTRY) Missouri

14. INFORMANT Justina E. Long  
(Address) Sedalia Mo.

15. FILED 1-30-30 J. L. Love  
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
body found dead post mortem  
showed chronic nephritis  
with evidence of convulsions  
13/18 (duration) \_\_\_\_\_ yrs. mos. da.  
CONTRIBUTORY (SECONDARY) Exposure to low  
temperature (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? yes DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) W. T. Bishop Coroner, M. D.  
, 19\_\_\_\_ (Address) Sedalia 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 Crown Hill Sedalia Mo DATE OF BURIAL 1-24 1930

20. UNDERTAKER The Langhin Bros ADDRESS 675 1/2 Walnut  
St. Charles Mo 1532

