

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

Do not use this space.

MAR 27 1930
5167

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Warrensburg Primary Registration District No. 3022
City Warrensburg (No. _____) St. _____ Ward _____

File No. 5474
Registered No. _____

2. FULL NAME Mrs. T. B. Pemberton.

(a) Residence No. 422, N. Holden. St. 1 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 Female 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 P. T. Pemberton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June. 6. 1844.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 6 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(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) Randolph. Co. Mo.

10. NAME OF FATHER Montgomery Whitmire.

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. R. E. Hatfield.

(Address) Warrensburg, Mo.

15. FILED 2/15 1930 Mrs. Hatfield REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24. 1930.

17. I HEREBY CERTIFY, That I attended deceased from May 11. 1930 to Feb. 24. 1930. that I last saw him alive on 13. 1930, and that death occurred, on the date stated above, at 130 A. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Disease
Pericarditis

CONTRIBUTORY (SECONDARY) 9013
(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) H. L. Bradley, M. D.

. 19 _____ (Address)

*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

DATE OF BURIAL

Newkirk. Okla.

Feb. 16 19 30

20. UNDERTAKER

ADDRESS

R. Q. Phillips. Warrensburg. MO

235
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51

