

AR 28 1930

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

Do not use this space.

9678

1. PLACE OF DEATH

County Newton
Township Marion
City (No. Chatham Hospital)

Registration District No. 615
Primary Registration District No. 5-81

File No. _____
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence No. Diamond Mo. St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? _____ yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) widower

15. DATE OF DEATH (MONTH, DAY AND YEAR) 3-6-30

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Pendergraft

17. I HEREBY CERTIFY, That I attended deceased from _____
at _____, Mo., on _____, 1930, and that I last saw him alive on _____, 1930, and that death occurred, on the date stated above, at 11:00 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17-1866

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 Autobiol. accident 6-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69. 8 19

210M
(duration) _____ yrs. 2 ds.

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

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Barry Co MO
(STATE OR COUNTRY)

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

10. NAME OF FATHER Jose Pendergraft

18. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS Prone
(Signed) R.P. Chatham, M. D.

12. MAIDEN NAME OF MOTHER Wood

3/6-30 (Address) Diamond Mo.

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

*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.

14. INFORMANT (Address) Jose Pendergraft

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Park Cem. DATE OF BURIAL 3/8/30

15. FILED 3-10-30 W. Chapman REGISTRAR

20. UNDERTAKER Hurlbut and Co ADDRESS Joplin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Newton Registration District No. 615 File No. 9678
 Township Marion Primary Registration District No. 5817 Registered No. 5
 City (No. St. Ward)

2. FULL NAME

George W. Pendergraft

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

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

m w w

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (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)

10. NAME OF FATHER
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 10-10-30 U. C. Chapman REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 - 19 30 -

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

auto accident car
skidded on loose
gravel and turned over
for him in Barry
County Mo

CONTRIBUTORY (SECONDARY) (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) 218, 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

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
 CAUSE OF DEATH in plain terms, so that it may be properly classified

SUPPLEMENTARY

5-9678