

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

Do not use this space.

9717

APR 30 1930

1. PLACE OF DEATH

County Oregon
Township Moore
City (No.)

Registration District No. 1143
Primary Registration District No. 5845

File No. 2
Registered No. St. Ward

2. FULL NAME

Ida Pendergrass

(a) Residence. No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9 1930

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 10:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82H
sudden
(duration) yrs. mos. ds.

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

Henry Pendergrass

CONTRIBUTORY (SECONDARY) 74H
(duration) yrs. mos. ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

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8. OCCUPATION OF DECEASED

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

Housekeeping

(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)

Deut Co Mo

10. NAME OF FATHER

David Watkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Henry Pendergrass
Thomasville Mo

15. FILED Mar 10 1930

Mrs A O Roberts

REGISTRAR

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) R. J. Davis, M. D.

, 19

(Address) Birch Tree 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

Thomasville Cem

DATE OF BURIAL

Mar 10 1930

20. UNDERTAKER

Neighbors

ADDRESS

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.

