

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

Do not use this space.

**JUN 8 1930**

**18457**

**1. PLACE OF DEATH**

County North  
Township Allen  
City James Nathan Pendleton (No. \_\_\_\_\_)

Registration District No. 905  
Primary Registration District No. 6216

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 6 8

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

9. BIRTHPLACE (CITY OR TOWN) Goodrich Co. Mo.  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER W. A. Pendleton  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY) Sarah C. Ward  
12. MAIDEN NAME OF MOTHER Kentucky  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

14. INFORMANT W. A. Bram  
(Address) Denver, Colo  
15. FILED June 9, 1930 Mrs. Maye Long REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1930

17. I HEREBY CERTIFY, That I attended deceased from 2:50 1930, to May 30 1930  
that I last saw him alive on May 10 1930, and that death occurred, on the date stated above, 6:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
93C  
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B  
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Phys. ex. report  
(Signed) Levin H. Lang 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 New Hope Cemetery DATE OF BURIAL 6-1 1930  
20. UNDERTAKER Bram Bros. ADDRESS Denver

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

