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.

APR 21 1931

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

Do not use this space.

9212

1. PLACE OF DEATH 24
County Clay
Township Liberty
City
Registration District No. 201
Primary Registration District No. 5280
File No.
Registered No. 32
(No. St. Ward)

2. FULL NAME America Wade Pence
(a) Residence, No. Rent #1 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 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 W H Pence
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27 - 1840
7. AGE YEARS 90 MONTHS 2 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) 10 yrs.
11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanford Lincoln Co. Ky. 2

FATHER
13. NAME Jeremiah Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ky.

MOTHER
15. MAIDEN NAME Angelina Kenley.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville. Ky.

17. INFORMANT (ADDRESS) Wm B. Smith Columbia Mo.
18. BURIAL, CREMATION, OR REMOVAL Muddy Fork
PLACE Kearny Mo DATE 3/9/ 1931
19. UNDERTAKER (ADDRESS) Church & Archer Co Liberty Mo
20. FILED 4/10/31, 19 Wm H Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1931
22. I HEREBY CERTIFY, That I attended deceased from Feby 26, 1931, to March 5, 1931
I last saw her alive on March 4, 1931 Death is said to have occurred on the date stated above, at 11 p m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
109 A
107 a
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T H Matthews, M. D.
(Address) Liberty Mo