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

Do not use this space.

28959

1. PLACE OF DEATH
County: Nodaway
Township: Atchison
City: (No.) St. Ward)

Registration District No.: 619
Primary Registration District No.: 5521

File No.:
Registered No.: 13

2. FULL NAME: John F. Pence

(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.

SEP 24 1931

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.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 27. 1850.

7. AGE: Years 80 | Months 9 | Days 23. | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

FATHER
13. NAME: Andrew Pence
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Sarah Blumhoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT: Mrs Violet Apple
(ADDRESS): Braddyville Ia.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Braddyville Ia. DATE: Aug 23 1931

19. UNDERTAKER: R. E. Harmon
(ADDRESS): Farnam Ia.

Aug 24 1931
20. FILED: H. H. Miley Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 20. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1931, to Aug. 20, 1931.
I last saw him alive on Aug. 20, 1931. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chest injuries received in automobile collision, causing internal hemorrhage 7106 7100 7103	

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 20, 1931.
Where did injury occur? N. E. of Clearmont, Nodaway Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Highway.
Manner of injury: Automobile collision.
Nature of injury: Chest crushed.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:

(Signed): R. A. Hawthorne, M. D.
(Address): Braddyville, Iowa