

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

Do not use this space.

**1. PLACE OF DEATH**

County Miller

Registration District No. 562

Township Richwoods

Primary Registration District No. 5757

City Iberia (No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward) \_\_\_\_\_

**2. FULL NAME** James Lewis Pemberton

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(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.

File No. 41569

Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

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

Widower

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

Francis Jane Pemberton

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

June - 30 - 18 45

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

86

5

16

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.**

Farming

**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** Life

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Sagamou County Illinois

**FATHER**

**13. NAME**

Lewis P. Pemberton

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Unknown

**MOTHER**

**15. MAIDEN NAME**

Sarah Adams

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Unknown

**17. INFORMANT (ADDRESS)**

L. P. Pemberton Iberia

**18. BURIAL, CREMATION, OR REMOVAL PLACE**

Williams Cem. Iberia

DATE 12/18 1931

**19. UNDERTAKER (ADDRESS)**

W. H. Casey Iberia

**20. FILED**

Jan. 7, 1932 W. H. Casey Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 12/16 1931

**22. I HEREBY CERTIFY, That I attended deceased from**

Dec. 15 1931 to Dec 16 1931

I last saw him alive on Dec 16 1931 Death is said

to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Oedema of Lungs.

Dec 15

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) W. H. Sawyer, M. D.

(Address) Iberia Mo.

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.

