

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

Do not use this space.

16883

1. PLACE OF DEATH
 71 County Morgan Registration District No. 919
 Township Lawrence Primary Registration District No. 3793a
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Wm D Pendleton
 (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. _____
 Registered No. 130 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9-1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>6</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Lewis Station, Mo

MOTHER FATHER

13. NAME John W Pendleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Elizabeth Laine Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beekmantown Ohio

17. INFORMANT (ADDRESS) A D Pendleton

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Cem DATE May 29 1932

19. UNDERTAKER (ADDRESS) W F Kidwell

20. FILED June 10 1932 Thos Ripberger Registrar.

MEDICAL CERTIFICATE OF DEATH

2. 2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-1-, 1931, to May 28, 1932
 I last saw him alive on May 15, 1932 Death is said to have occurred on the date stated above, at 6:40 a.m.
 The principal cause of death and related causes of importance were as follows:
Aneurism of aorta Date of onset May 1 1931
34
96 34
 Other contributory causes of importance: Syphilis 30 yrs

Name of operation Femoral artery Date of 2
 What test confirmed diagnosis Clinical Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) A J Gunn, M. D.
 (Address) Paris, Mo

WHITE PLAINLY, WITH UNFAADING 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.

