

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.

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

Do not use this space.

23720-A

1. PLACE OF DEATH  
 83 County Platte Registration District No. 692  
 Township Green Primary Registration District No. 691913  
 City No. St. Ward

2. FULL NAME Nerna Lee Pendergraft  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Calap Pendergraft  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-13-1902  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30      2      13  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work  
 10. Date deceased last worked at this occupation (month and year) July 1932 11. Total time (years) spent in this occupation 15 years  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 13. NAME Charles Hay  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 15. MAIDEN NAME Niala Snapp  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 17. INFORMANT Calap Pendergraft (ADDRESS) Deerborn, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Deerborn, Mo. DATE July 27 1932  
 19. UNDERTAKER Lucian Davis (ADDRESS) Deerborn, Mo.  
 20. FILED Nov-17-32 M. W. Moore Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1932  
 I HEREBY CERTIFY That I attended deceased from July 16<sup>th</sup> 1932 to July 26 1932  
 last saw him alive on July 24 1932 Death is said to have occurred on the date stated above, at Deerborn, Mo.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset July 10<sup>th</sup>  
 Other contributory causes of importance:  
 Name of operation None Date of     
 What test confirmed diagnosis? Physician's certificate Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19...  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. L  
 Manner of injury None  
 Nature of injury None  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify     
 (Signed) S. S. Baber M. D.  
 (Address) Deerborn, Mo.

