

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

Do not use this space.

25614

File No. _____
Registered No. 14 _____
St. _____ Ward _____

1. PLACE OF DEATH
17 County Carroll Registration District No. 134
Township Combs Primary Registration District No. 5189
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME George H. Pemberton
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Mary Kelly Pemberton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-20-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 - 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Carroll County 1
Missouri

13. NAME Chas. H. Pemberton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Jane Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co 1
Missouri

17. INFORMANT Mrs. Mary A. Pemberton
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Park Cem DATE 8-7 1932

19. UNDERTAKER Willis Funeral Home
(ADDRESS) Carrollton Mo.

20. FILED Aug 6 1932 Mrs. Boss Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1932, to Aug 5, 1932
I last saw him alive on Aug 5, 1932. Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:
Interstichal nephritis
131
132B 131
Other contributory causes of importance:
Hypertrophy
of Uremic Poisoning

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 _____, 1932
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) R. M. Benson J. D.
(Address) Carrollton Mo

N. B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

OCT 25 1932

