MARGIN RESERVED FOR BINDING

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.

NOV 21 1932

U. S. No. 2

52

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 31494

Township — Primary Registration District No. 1001 — Registered No. 995

City St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Thomas F. Pebley

(a) Residence, No. Craig Mo St., Ward. Craig Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura S Pebley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 7, 1858

7. AGE: YEARS 74 — MONTHS 3 — DAYS 5 — 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): Clay Co Clay Co Mo

FATHER

13. NAME: Thos F. Pebley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Thomas Pebley~~ M Missouri

MOTHER

15. MAIDEN NAME: Rebecca Perkin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): ~~John~~ A. Pebley Craig Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Craig Mo. DATE October 14, 1932

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED OCT 12 1932 19 John R. Bender Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932, to Oct 12th, 1932

I last saw him alive on Oct 11th, 1932. Death is said to have occurred on the date stated above, at 3 35 A.m.

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

Date of onset

Bronchio Pneumonia
107A
97
107A

Other contributory causes of importance:

Arteriosclerosis

1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) J. R. Bench, M. D.

(Address) State Hospital #2