

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

Do not use this space.

5755
707

1. PLACE OF DEATH

County JACKSON Registration District No. 389 File No. 707
Township KAW Primary Registration District No. 1007 Registered No. 707
City K.C. (No. 6634 WASHINGTON PK. BLVD. St. _____ Ward _____)

2. FULL NAME JOHN F. PENDERGRASS

(a) Residence, No. 6634 WASHINGTON PK. BLVD. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) SARAH F. PENDERGRASS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 17-18 58

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 5 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13

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) OHIO

13. NAME FRANKLIN PENDERGRASS

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

15. MAIDEN NAME MARTHA CROCKET

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

17. INFORMANT MRS MARIE DAULSEN
(ADDRESS) 416 EWING

18. BURIAL, CREMATION, OR REMOVAL PLACE MT WASHINGTON DATE FEB 13 1933

19. UNDERTAKER DW NEWCOMER'S SONS
(ADDRESS) 2111 E 9th St

20. FILED 1/19 1933 Wm. Larowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1932 to February 11 1933

I last saw him alive on 2-10 1933. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Prostatitis (chronic) Date of onset _____
with Bugh's disease
130
Other contributory causes of importance:
Toxemia and
cardiac infarction

Name of operation _____ Date of _____

What test confirmed diagnosis? Microscopic 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 _____ 1933

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. E. Wetherill D.O.

(Address) 3814 Grand Ave. St. Louis, 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.

Va 5614

Wa 5690

Va 1772

3814 Trust