

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.

MAY 22 1933

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

Do not use this space.

85

12416

1. PLACE OF DEATH  
 11 County Buchanan Registration District No. 1001 File No. \_\_\_\_\_  
 5 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 372  
 City St. Joseph (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 9 2. FULL NAME Robert Ben Pendleton  
 (a) Residence, No. Gallatin Mo. St. \_\_\_\_\_ Ward Gallatin 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. / 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 single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-11-1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>11</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
 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) Patterson, Missouri  
 13. NAME Ben. H. Pendleton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Missouri  
 15. MAIDEN NAME Edna Meade  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson, Missouri  
 17. INFORMANT Ben H. Pendleton  
 (ADDRESS) Gallatin Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin DATE 4-7-33  
 19. UNDERTAKER H. A. Hope  
 (ADDRESS) Gallatin, Mo.  
 20. FILED 4-6-33 19 \_\_\_\_\_  
John R. Bender  
 Registrar.

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 10 PM, 1933, to Apr 5, 1933  
 I last saw her alive on Apr 7, 1933. Death is said to have occurred on the date stated above, at 1:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
general peritonitis  
127 121  
 Date of onset Apr 1  
 Other contributory causes of importance:  
Appendicitis ruptured  
 Name of operation abd. drainage Date of Apr 9, 33  
 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 \_\_\_\_\_, 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) H. S. Conrad, M. D.  
 (Address) St. Joseph Mo.

