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.

12747

1. PLACE OF DEATH

County: Cole — Registration District No.: 212

Township: Clark — Primary Registration District No.: 3292

City: ..... (No. ....., ... St. ..... Ward)

File No.: .....

Registered No.: 9

2. FULL NAME: Mattie J. Pendleton

(a) Residence, No.: Henley, Mo. St., ... Ward. .....
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF W. J. Pendleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22nd, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	6	11	

OCCUPATION

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.

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) Spring Garden Missouri.

FATHER

13. NAME Vergil Spalding

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spring Garden Missouri

MOTHER

15. MAIDEN NAME Cornelia Lumpkin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spring Garden Missouri.

17. INFORMANT W. M. Pendleton
(ADDRESS) Henley, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Spring Garden Cem. DATE Apr. 15th, 1933

19. UNDERTAKER G. N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED May 10, 1933 Leona G. Hoard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13th, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1933, to April 13, 1933

I last saw h. alive on April 13, 1933. Death is said to have occurred on the date stated above, at 10-30 A. M.

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

	Date of onset
Influenza	April
Left Lobar Pneumonia	Apr. 10

Other contributory causes of importance:

NB

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 ....., 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? .....

If so, specify .....

(Signed) Geo. H. Shirley, M. D.

(Address) Eugene, Mo.