

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Jackson Primary Registration District No. 3019
City Independence (No. _____) St. _____ Ward _____

File No. 8783
Registered No. 108

2. FULL NAME

Louis H. Pence
(a) Residence, No. 1331 S. Hocker, 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Pence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 - 7 - 8

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

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) Ohio (STATE OR COUNTRY)

13. NAME Joseph F. Pence

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

15. MAIDEN NAME Harriett Dryden

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

17. INFORMANT 1324 S Hocker Indep Mo (ADDRESS) Le Bruz engine

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE Mar 18 1934

19. UNDERTAKER Att + Mitchell (ADDRESS) Independence, Mo

20. FILED Mar 19 1934 Dr. F. L. Cook Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ 1934 _____ 1934

I last saw h. _____ alive on _____ 1934 _____ 1934 Death is said to have occurred on the date stated above, at 1 A. m.

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

Coronary Embolus
131
94B
131
Other contributory causes of importance
Chronic Intestinal Tapes
Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1934

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) Dr. F. L. Cook M. D.

(Address) 131 - Lee Summit, Mo.

