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

MAR 24 1934

Do not use this space.

11752

1. PLACE OF DEATH
113 County Worth
Township Allen
Registration District No. 905
Primary Registration District No. 6216
File No.
Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Maud Pendleton

(a) Residence, No. ..... 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)
F	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7th 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	10	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Worth County Mo.

FATHER
13. NAME Wm Beavers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Lavina Robertson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worth County Mo

17. INFORMANT J P Brown
(ADDRESS) Denver Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE 3/7 1934

19. UNDERTAKER Brown Bros
(ADDRESS) Denver Mo

20. FILED Mar 7 1934 Byron Hair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to March 6, 1934
I last saw h.e.s. alive on March 6, 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:

	Date of onset
Pernicious anemia	32

Other contributory causes of importance:
Colon Carcinoma

Name of operation None Date of
What test confirmed diagnosis? Colon 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) Lewis W Lewis, M. D.
(Address) Denver Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD