

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

Do not use this space.

20365

**1. PLACE OF DEATH**

County Jackson Registration District No. 360  
 Township 25 Primary Registration District No. 700  
 City N. C. Mo (No. Research Hospital) St. 2528 Ward

**2. FULL NAME**

James M. Poindexter  
 (a) Residence, No. 4200-6-9- St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Poindexter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-3-1860

7. AGE YEARS 74 MONTHS 2 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R. Ry  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. work  
 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) Tenn

13. NAME Huston Poindexter

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

15. MAIDEN NAME Jane Hunter

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

17. INFORMANT Mary Poindexter  
 (ADDRESS) 4200 East 9th, 1st

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE mt. Wash DATE June 9-34

19. UNDERTAKER Mrs. C. R. Foster  
 (ADDRESS) 718 Broadway

20. FILED June 7, 1934 M. M. Crowe  
 Reg. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7-34

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934 to June 7, 1934  
 I last saw him alive on June 6, 1934 Death is said to have occurred on the date stated above, at 6:30 a. m.  
 The principal cause of death and related causes of importance were as follows:

Intestinal obstruction  
122A  
125A  
122B  
127A

Other contributory causes of importance:  
0. Renal insufficiency  
1. Cardiac insufficiency  
2. Hypertensive arteriosclerosis

Name of operation Resection of bowel Date of June 4, 34  
 What test confirmed diagnosis? specimen 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 \_\_\_\_\_, 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) J. H. Myers  
 (Address) 515 Blue Hill

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.

JUL 17 1934

200/1000  
11-1-2014

*Kansas City*

WASHINGTON

*20365*

Jefferson City, Mo.

*2528*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *James Montgomery Paenderfer*  
Who died at *Research Hoop* on *June 7-1934*  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex *m* Color or race *w* Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years *74* Months *2* Days *4*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year *1934*  
Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: *Intestinal obstruction (Strangulated Femoral Hernia)*

Other contributory causes of importance: *Cardiac Decomposition Hypostatic pneumonia (Broncho)*  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician *D. L. Myers*  
Address of physician *815 Thibault Bldg*  
Signature of Registrar *M. M. Crane* Date filed *6/11/34*

This information is sought for statistical purposes only, and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

*E. T. McLaugh*

Special Agent. State Registrar

Reg. Dist. No. \_\_\_\_\_  
Primary Reg. Dist. No. \_\_\_\_\_

