

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

Do not use this space.

20396

2560

**1. PLACE OF DEATH**

County Jackson  
Township North  
City St. Joseph (No. St. Joseph Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Route # 3, E. 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/8 1934

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

22. I HEREBY CERTIFY, That I attended deceased from June 2nd 1934, to June 8th 1934. I last saw her alive on June 8th 10:00 a.m. 1934. Death is said to have occurred on the date stated above, at 2:50 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65

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

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 \_\_\_\_\_

Coronary sclerosis with occlusion Date of onset \_\_\_\_\_  
Pulmonary congestion (acute)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Nath, Mo  
Raytown

Other contributory causes of importance: none

MOTHER FATHER 13. NAME Alfred Pendleton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation para-sympathectomy Date of June 5th  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

MOTHER FATHER 15. MAIDEN NAME Permalia A. Campbell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Texas

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. \_\_\_\_\_

17. INFORMANT Ray T. Lewis  
(ADDRESS)

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brookings DATE June 10 1934

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) Old and Mitchell  
Independence Missouri

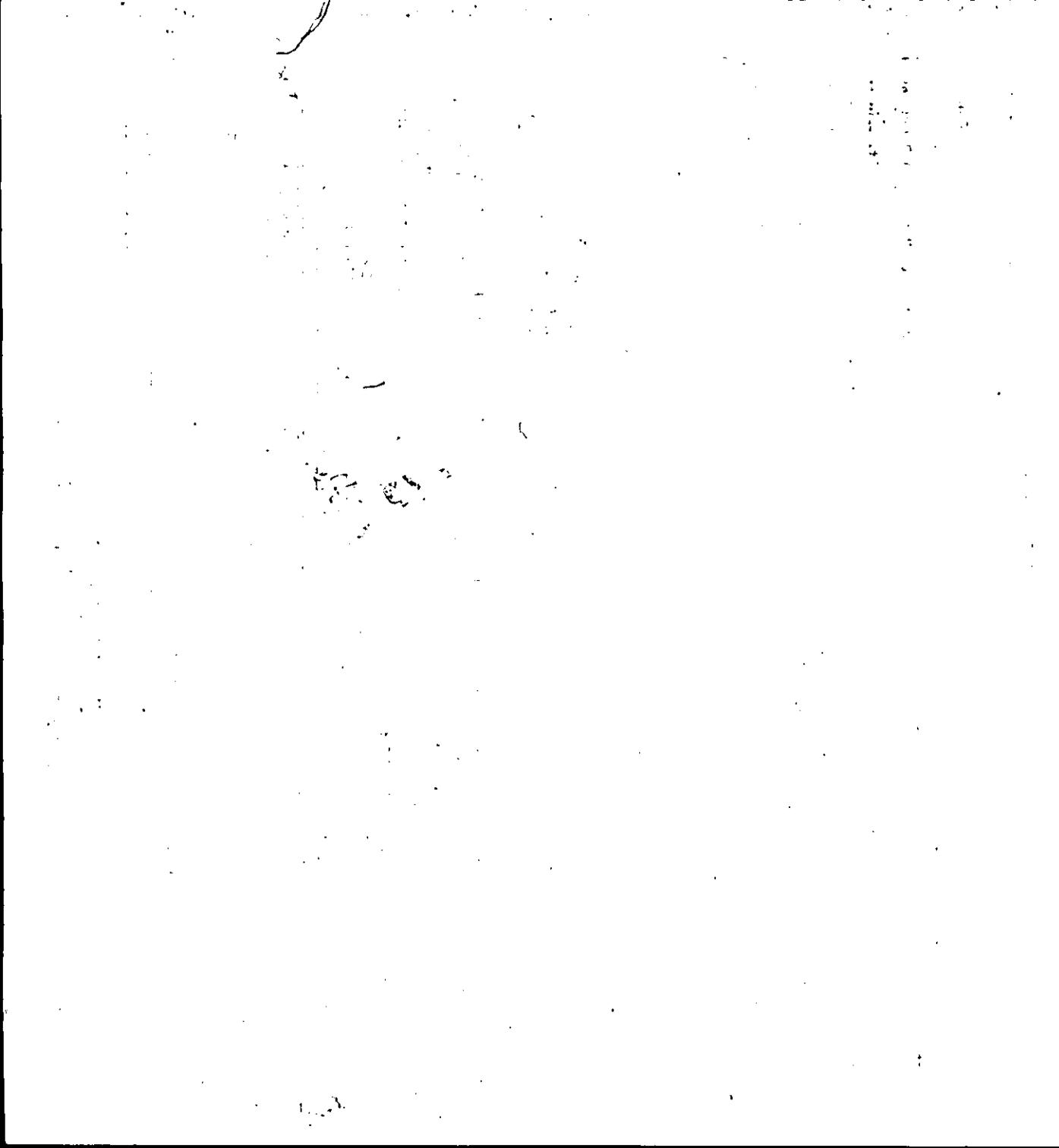
(Signed) Radford F. Pittam, M. D.  
(Address) Professional Bldg  
Kansas City Mo

20. FILED 6-9 1934 Monmeroe  
east Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 17 1934

2035-1-2-31



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson  
Township Manassas  
City Manassas (No. St. Joseph Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 2560  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-6-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>65</u>	<u>2</u>	<u>2</u>	

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 6-7-34 M. M. Grove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 .1934

22. I HEREBY CERTIFY That I attended deceased from ..... to .....

I last saw him alive on ....., 19..... Death is said to have occurred on the ....., at .....

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

Date of onset

Other contributory causes of importance:

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) ....., M. D.

(Address) .....

SUPPLEMENTARY

Every year or information should be carefully supplied. Age should be stated EXACTLY. OCCASIONALLY should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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