

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

Do not use this space.

30428

SEP 19 1934

**1. PLACE OF DEATH**

County Polk  
Township Union  
City Palmer (No. \_\_\_\_\_)

Registration District No. 701  
Primary Registration District No. 4422

File No. \_\_\_\_\_  
Registered No. 4422  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Albert Lewis Pemberton

(a) Residence, No. Palmer, 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 30 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) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 1868

7. AGE 65 YEARS MONTHS 9 DAYS 3 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Lumberman  
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) Near Warsaw Mo

13. NAME J. B. Pemberton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

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

17. INFORMANT Mabel Wood Pemberton  
(ADDRESS) Palmer, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremated DATE Aug 27 1934

19. UNDERTAKER White (ADDRESS) Erwin Wood Co

20. FILED Aug 24 1934 J. B. Pemberton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Aug 1 1934  
I last saw him alive on Aug 1 1934. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Carcinoma Bladder Date of onset 5-1-33

Other contributory causes of importance: \_\_\_\_\_

Name of operation Suprapubic cystostomy Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) Doyle McLean, M. D.  
(Address) Palmer, Mo

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.

