

JAN 2 2 1935

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

Do not use this space.

43336

1. PLACE OF DEATH

County Jackson Registration District No. 403  
Township Brookings Primary Registration District No. 5557  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary A. Pendleton

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. S. Pendleton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5 - 1871</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>4</u>	DAYS <u>9</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov 1 1933</u>		11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Raytown Missouri</u>		
13. NAME <u>James Wilson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Mary E. Kendrick</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
17. INFORMANT <u>M. S. Pendleton</u> (ADDRESS) <u>Raytown Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brookings</u> DATE <u>Dec 15 1934</u>		
19. UNDERTAKER <u>Ott &amp; Mitchell</u> (ADDRESS) <u>Madison, Mo.</u>		
20. FILED <u>Dec 18 1934</u> <u>W. N. Stobbs, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5 1934

22. I HEREBY CERTIFY, That I attended deceased from December 7 1930, to December 4 1934  
I last saw her alive on December 1 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
acute myocarditis  
at home  
Other contributory causes of importance:  
Carcinoma of uterus  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis physical exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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) W. N. Stobbs, M. D.  
(Address) Raytown, 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.

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