

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

Do not use this space.

12027

1. PLACE OF DEATH Buchanan 85  
 County Clinton Registration District No. 1001 File No. \_\_\_\_\_  
 Township St. Joseph Primary Registration District No. \_\_\_\_\_ Registered No. 657  
 City St. Joseph (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME Margaret Helen Pedman  
 (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 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12 - 1888</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>3</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</u>		
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) <u>Clinton Co Mo</u>		
13. NAME <u>Curtis Pedman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u>		
15. MAIDEN NAME <u>Mary Trice</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u>		
17. INFORMANT (ADDRESS) <u>Eric Pedman P. O. Box 100 Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beaumont</u> DATE <u>4-19-35</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Williams Clinton Mo</u>		
20. FILED <u>4-19-35</u> 19 <u>35</u> <u>John R. Bendus</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1935 to Apr 19, 1935  
 I last saw her alive on Apr 18, 1935 Death is said to have occurred on the date stated above, at 70 m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis Chr  
Heart disease atherosclerosis  
 Date of onset ?

Other contributory causes of importance:  
Dyspnea  
Chr Bronchitis  
Emphysema  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) J. W. Williams, M. D.  
 (Address) 301 P. O. Bldg

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.

