

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.

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

Do not use this space.

MAR 21 1936

1. PLACE OF DEATH

County Jackson
Township Gray
City 93 E. Mo. (No. _____)

Memorial Hosp.

Registration District No. 299
Primary Registration District No. 1002

File No. _____
Registered No. 5949
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Leeds Ma. P.O. #3 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>63</u>	<u>1</u>	<u>16</u>	

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

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) Brookings Township Jackson Co.

13. NAME Loren Pendleton

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

15. MAIDEN NAME Levena Brookings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm. Ky. Kentucky

17. INFORMANT (ADDRESS) Mr. M. S. Pendleton Leeds Ma. P.O. #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookings Cem. DATE Feb. 13 1936

19. UNDERTAKER (ADDRESS) W. H. Mitchell Independence Mo.

20. FILED 7 12 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-2 1936 to 2-11 1936

I last saw him alive on 2-10 1936 Death is said to have occurred on the date stated above, at 6 A.M.

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

Streptococci infection of foot & leg from blisters from heel, caused by shoe

Other contributory causes of importance: Acute Bronchitis pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? Staphylococcus pyogenes 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) W. H. Mitchell, M. D.
(Address) Raytown Mo.

