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

MAR 23 1936

Do not use this space.

6669

1. PLACE OF DEATH
County Linn
Township
City Brookfield (No. ..... St. ..... Ward)
Registration District No. 496
Primary Registration District No. 3025
File No.
Registered No. 20

2. FULL NAME J N Pendery (PENDERY)
(a) Residence, No. 516 N Livingston 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie B Pendery
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1-1868
7. AGE Years 67 Months 1 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R R
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) 1928
11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Novelty Mo

FATHER
13. NAME Bryant P. Pendery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Elizabeth McChristy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Mattie B Pendery
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE Feby 15 1936
19. UNDERTAKER (ADDRESS) Hunter & Collins
20. FILED March 9 1936 J H Lucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1936 to Feb 13, 1936
I last saw him alive on Feb 13, 1936. Death is said to have occurred on the date stated above, at 2:45 A.M. m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Date of onset
Other contributory causes of importance:
Chronic interstitial nephritis with hypertension
Name of operation None 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? No
If so, specify
(Signed) S T Brownfield, M. D.
(Address) Brookfield Mo