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.

APR 23 1936

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

Do not use this space.

10722

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1391

City KC Mo (No. Wesley Hosp. St. Ward)

2. FULL NAME H. M. Vendig

(a) Residence, No. Emery Hotel St., Ward.
(Usual place of abode) 608 E. 9th st. (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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bonnie Vendig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9 - 7 - 1866

7. AGE: YEARS 69 — MONTHS 6 — DAYS unk — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salesman

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): Tenn.

FATHER

13. NAME: Soloman Vendig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace Lorrain France

MOTHER

15. MAIDEN NAME: Rose Sandaward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Va.

17. INFORMANT (ADDRESS): Mrs. Helen Scott Memphis Tenn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memphis Tenn DATE 3-17, 1936

19. UNDERTAKER (ADDRESS): Meflody. McGilley K Cmo.

20. FILED Mch 15, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1936, to Mar. 15, 1936

I last saw him alive on Mar. 15, 1936 Death is said to have occurred on the date stated above, at 6:15 A.m.

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

	Date of onset
Lobar Pneumonia	Mar. 14 1936
108	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical observation 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? .....

If so, specify .....

(Signed) C. G. Edde, M. D.

(Address) 926 E. 11th. KC. Mo.