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.

FEB 17 1937

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

Do not use this space.

2230

1. PLACE OF DEATH
County Marion
Township Round Grove
City Emerson (No. , 2 St. Ward)
Registration District No. 551
Primary Registration District No. 5744
File No.
Registered No. 1

2. FULL NAME Thedocia Ellen Pendry
(a) Residence, No. Emerson, Mo. 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bryant Pendry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1843
7. AGE Years 93 Months 7 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2630
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 80

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri

FATHER
13. NAME Cyrus Powell 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record 31

MOTHER
15. MAIDEN NAME Matilda Crane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Rose Shade Emerson, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Emerson, Mo. DATE 1/15/37 19
19. UNDERTAKER (ADDRESS) Lewis Bran Palmyra, Mo.
20. FILED 1, 21 1937 J. M. Crebs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~19~~ June 1934, to Jan 14th 1937
I last saw her alive on Jan 16, 1937. Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (arterio sclerotic)	
Other contributory causes of importance: Chronic cystitis	

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) W. C. Oneal, M. D.
(Address) Palmyra, Mo.