

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.

APR 16 1937

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

Do not use this space.

17. PLACE OF DEATH
 County Carroll Registration District No. 135
 Township Carrollton Primary Registration District No. 3010
 City Carrollton (No. _____) St. _____ Ward _____

18. FULL NAME Ambrose B. Pence
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 11474
Registered No. 19

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Matilda Haskins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>0</u>	<u>4</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) Drown Co

FATHER

13. NAME Gas S. Pence

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

MOTHER

15. MAIDEN NAME Harriett Dryden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Redeem Pence
(ADDRESS) Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrollton DATE Mar 6, 37

19. UNDERTAKER Stanley
(ADDRESS) Carrollton, Mo.

20. FILED 3-6 1937 J. H. Haskins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937, to March 4, 1937
 I last saw him alive on March 4, 1937. Death is said to have occurred on the date stated above, at 4:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Chr Ynter Nephritis

Date of onset _____

Other contributory causes of importance: 131

Name of operation _____ 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?
 If so, specify _____
 (Signed) H. B. Dorem, M. D.
 (Address) Carrollton, Mo.

