

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 4<sup>th</sup>  
Township Joplin Primary Registration District No. 5569 File No. 16693  
City Joplin (No. R. R. Joplin) Registered No. 5569 St. Mo. Ward

2. FULL NAME

Carl Pemberton D.D.S.  
(a) Residence, No. Joplin Mo. R. St. Mo. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Pemberton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1874

7. AGE YEARS 63 MONTHS 3 DAYS 7 If LESS than 1 day, hrs. or min.

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

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) Mo

13. NAME W. G. Pemberton

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

15. MAIDEN NAME Clara M. Hutchison

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

17. INFORMANT Mrs Louise Pemberton (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Apr 22 1937

19. UNDERTAKER Swine - Siders (ADDRESS) Edwards House

20. FILED 4-22-1937 Registrar Ed Edwards

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936 to Apr 18 1937

I last saw h. live on Apr 18 1937. Death is said to have occurred on the date stated above, at 9:53 P.M.

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

Pyæmia  
Pneumonia

Date of onset

Other contributory causes of importance: flu

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? No

If so, specify (Signed) B. B. Tyler, M. D.

(Address) Joplin Mo

