

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

Do not use this space.

JUN 24 1937

1. PLACE OF DEATH
(6) County Miller Registration District No. 562 File No. 20690
Township Richwoods Primary Registration District No. 5751 Registered No. _____
City Haverhill, Mo. R. 1 (No. _____) St. _____ Ward _____

2. FULL NAME Phillip Rayford Pender
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 Lillie Pender

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 26-1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>87</u>	<u>7</u>	<u>17</u>	

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

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. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

MOTHER FATHER

13. NAME Winslow Pender

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

15. MAIDEN NAME Joe Ann Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co., Mo.

17. INFORMANT Lillie Pender (ADDRESS) Haverhill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Cem., Haverhill, Mo. DATE 5/14 37

19. UNDERTAKER O. L. Casey (ADDRESS) St. Louis, Mo.

20. FILED June 7, 1937 Mrs. W. A. Tom Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/13 37 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1937, to 5-13 1937
I last saw him alive on 5-7 1937. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation Date of onset _____

Other contributory causes of importance None

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) E. W. Duncan M. D.
(Address) St. Louis, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Some of the causes of death should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

