

NOV 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County BooneRegistration District No. 731Township ColumbiaPrimary Registration District No. 3006City Columbia(No. 10 Paris Court)File No. 37087Registered No. 244

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Joy Bernice Pemberton  
10 Paris Ct. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20-19177. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 20 1 108. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. at home

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) Columbia (STATE OR COUNTRY) Missouri13. NAME Frank Pemberton14. BIRTHPLACE (CITY OR TOWN) Calloway County (STATE OR COUNTRY) Missouri15. MAIDEN NAME Pearl Thornton16. BIRTHPLACE (CITY OR TOWN) Columbia, Mo. (STATE OR COUNTRY) \_\_\_\_\_17. INFORMANT William Thornton (ADDRESS) Columbia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE 10-31, 193719. UNDERTAKER Garner Furniture Co. (ADDRESS) Columbia, Mo.20. FILED 10/30/1937 Allie Selby Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 5:00 A.M.

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

Massive influenza pneumonia Date of onset \_\_\_\_\_Other contributory causes of importance: HAName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) M. P. Cochran Cornor, M. D.(Address) 20 N. 9 St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

