

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

NOV 16 1937

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

Do not use this space.

37457

1. PLACE OF DEATH

County Clay
Township Church
City Camden (No. _____)

Registration District No. 201
Primary Registration District No. 5280

File No. 95
Registered No. _____
St. _____ Ward _____

2. FULL NAME Carrie E. Pendergrass

(a) Residence, No. 2 St. _____ Ward _____
(Usual place of abode) Liberty, R# 3

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) <u>Melvin Pendergrass</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 16-1867</u>				
7. AGE YEARS <u>70</u>	MONTHS <u>0</u>	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>home wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for self</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1937</u>			
11. Total time (years) spent in this occupation <u>45</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rushville, Mo.</u>				
FATHER	13. NAME <u>James M. Elliott</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Cinderella Conrad</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>			
17. INFORMANT (ADDRESS) <u>Geo. Elliott, Liberty, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty, Mo.</u> DATE <u>11/9/37</u>				
19. UNDERTAKER (ADDRESS) <u>Church, Ancheres, Liberty, Mo.</u>				
20. FILED <u>11/8</u> 19 <u>37</u> <u>E. T. Brown</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1936 to Nov. 7, 1937

I last saw her alive on Nov. 7, 1937 Death is said to have occurred on the date stated above, at 6:50 P. m.

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

Angina Pectoris 2 yrs.
General Atherosclerosis 5 yrs.

Date of onset _____

Other contributory causes of importance:
940

Name of operation _____ 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) Byrd M. Mathey, M. D.
(Address) Liberty, Mo.

