

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death information should be stated EXACTLY. PHYSICIANS should state amount of information amount of cemetery supplied. AGE should be stated EXACTLY. PHYSICIANS should state amount of information amount of cemetery supplied. AGE should be stated EXACTLY. PHYSICIANS should state amount of information amount of cemetery supplied.

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

DEAD JUN 17 1938

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18039

1. PLACE OF DEATH

County Clay  
Township Liberty  
City Liberty

Registration District No. 201  
Primary Registration District No. 5280

File No. \_\_\_\_\_  
Registered No. 44  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles Erwin Pendergrast

(a) Residence, No. Liberty, R# 1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Matha Ann Pendergrast</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10 - 1871</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>10</u>	DAYS <u>18</u>
		If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938, to May 27, 1938

I last saw him alive on May 27, 1938. Death is said to have occurred on the date stated above, at 4:30 A.M. May 28/38

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

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 2 years ago

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, W. Va.

Chronic Bronchitis from  
inhalation of dust  
from  
brick & stone of building

Date of onset 1895

Other contributory causes of importance:  
Chronic Bronchitis  
Chronic Bronchitis & heart disease

MOTHER

13. NAME Nathaniel Pendergrast

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

15. MAIDEN NAME Lucie Parker

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Autopsy Was there an autopsy Yes

17. INFORMANT (ADDRESS) Mrs. C. E. Pendergrast  
Liberty, Mo. R# 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE May 29 1938

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.

19. UNDERTAKER (ADDRESS) Church - Owen Co  
at Liberty, Mo.

20. FILED 5/29 1938 E. T. B. Bant  
Registrar

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) Gifford Richardson M. D.  
Liberty, Mo. (Address)

