

REC'D NOV 21 1938

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

Do not use this space.

34810

1. PLACE OF DEATH

County Jackson
Township New
City N.E. Mo.

Registration District No. 1002

Primary Registration District No. Jefferson

File No. 4146

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3237 Jefferson St., _____ Ward _____

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Pebley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 20

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

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) Missouri City Missouri

13. NAME William Pebley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabash Indiana

15. MAIDEN NAME Sarah Stevens

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

17. INFORMANT (ADDRESS) Mrs. Florence Brown 3236 Broadway N.E. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakeway N.E. Mo. DATE Oct. 24, 1938

19. UNDERTAKER (ADDRESS) J. F. McDonnell, Co. 3236 Broadway N.E. Mo.

20. FILED 10-24-38 M. M. Croce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-38 .19

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw deceased alive on 10th 1938 Death is said to have occurred on the date stated above, at 10³⁰ A.M.

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

Chronic vascular nephritis
Hypertrophy of heart
Pulmonary edema 131

Other contributory cause of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Arthur H. Butler _____, M. D.

(Address) New Hope, K. C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

