

Y 27 1927

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

Do not use this space.

11583

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 118
St. Ward)

2. FULL NAME Henry Harris Pendleton

(a) Residence. No. 615 S. Main St. 3rd Ward.

Length of residence in city or town where death occurred 62 yrs. 6 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Nancy A Pendleton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 29 - 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 6 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Civil Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Jno. J. Pendleton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lincoln Co. (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Margaret B. Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ballatin (STATE OR COUNTRY) Tennessee

14. INFORMANT Jessie S. Pendleton (Address) 124 E. Ruby St.

15. FILED Apr 20 1927 J. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14, 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 1924 to Apr 14 1927 that I last saw him alive on April 14 1927, and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hepatitis attended with severe hemorrhage
17 to 18 (duration) 4 yrs. 9 mos. — ds.

CONTRIBUTORY Hemorrhage from stomach (SECONDARY) (duration) 4 yrs. 9 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? His home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

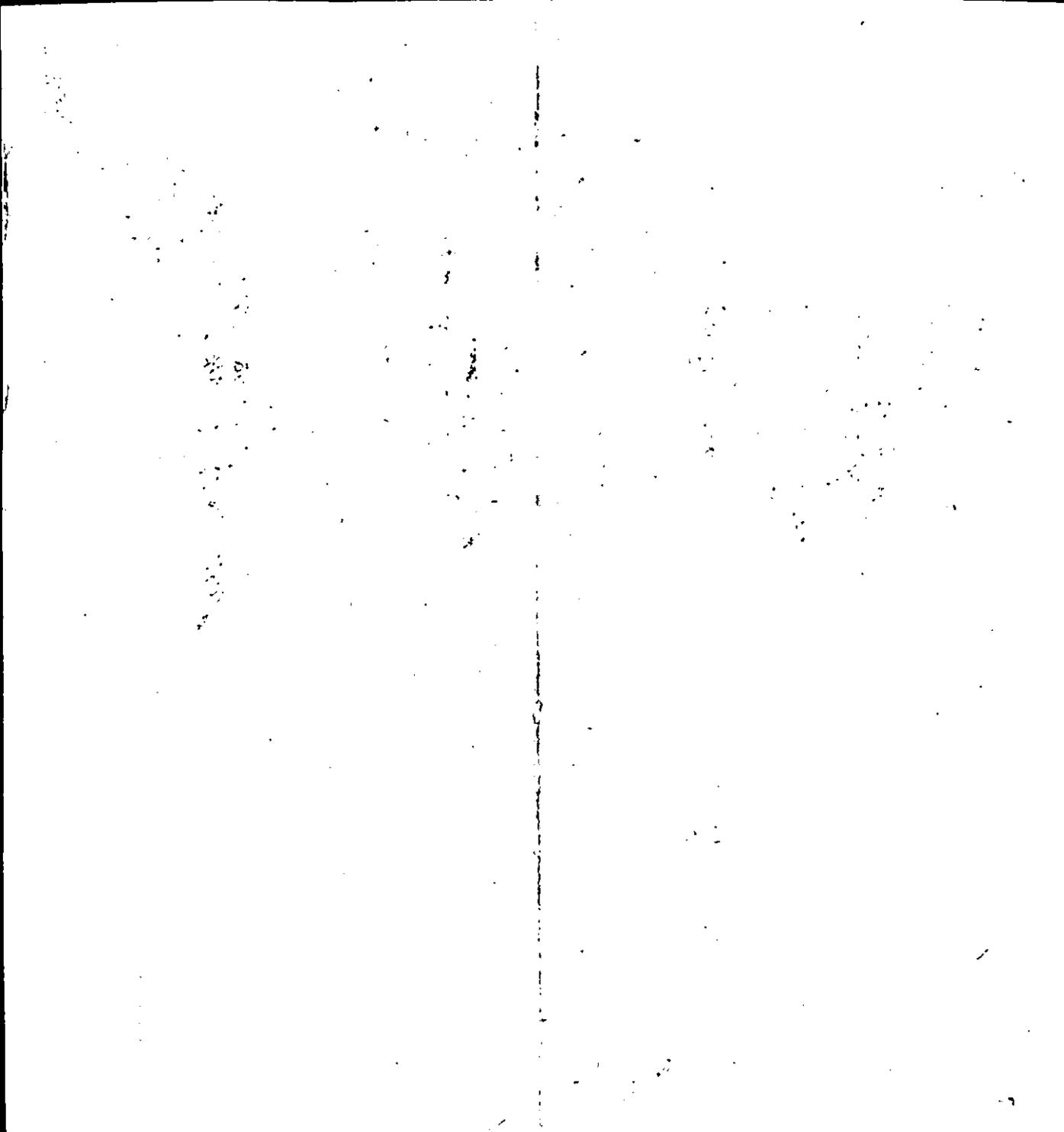
20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? hemorrhage from stomach and hepatitis (Signed) O. Schuler, M. D.
4/16 1927 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wood Lawn DATE OF BURIAL Apr 16 1927

20. UNDERTAKER Old and Mitchell ADDRESS Independence Mo



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1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
 Township _____ Primary Registration District No. 3019 Registered No. 118
 City Independence (No. _____) St. _____ Ward _____

2. FULL NAME

(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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT (Address) _____

15. FILED June 17 1927 F. L. Leok REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Repatitis, attended with severe hemorrhage of stomach (no violence)
hemorrhage from stomach
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D. _____, 19 (Address) _____

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19 _____

20. UNDERTAKER _____ ADDRESS _____

SUPPLEMENTAL
 12413

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