DEC 26 1928

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

Do not use this space.
32874

1. PLACE OF DEATH
County: Butler
Registration District No.: 89
Primary Registration District No.: 3007
File No.:
Registered No.: 233
Township:
City: Poplar Bluff (St. Ward)

2. FULL NAME: Julia A. Pemberton
(a) Residence. No.: 821 Park Ave 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): not known

7. AGE: Years: 79 Est. Months: — Days: — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(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): Ark.

PARENTS
10. NAME OF FATHER: John Barnes
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): not known
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): not known

14. INFORMANT: Sam Pemberton
(Address): Hickory, Ark.

15. FILED: Nov 1 28, 19 Dr B J Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-27 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-25, 1928, to 10-27, 1928 that I last saw h. alive on 10-27, 1928 and that death occurred, on the date stated above, at 4:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocard. Tis.
Cor. 90 P.
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Senility
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical test
(Signed) B J Clay, M. D
11-2, 1928 (Address) Poplar Bluff, 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: Woodlawn
DATE OF BURIAL: 10-28 1928
20. UNDERTAKER: Frank Kuehl & Co
ADDRESS: Poplar Bluff

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.