

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

Do not use this space.

**32976**

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (No. 6634 Washington Park Blvd.)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 4206 (Ward)

**2. FULL NAME**

Sarah Elizabeth Grosse Pendergrass  
(a) Residence. No. 6634 Washington Park Blvd. 10 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 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 John G. Pendergrass

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 8 10

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

9. BIRTHPLACE (CITY OR TOWN) Des Moines City  
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Enoch Ross

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

12. MAIDEN NAME OF MOTHER Rebecca Moss

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

14. INFORMANT John F. Pendergrass  
(Address) 6634 Washington Park Blvd.

15. FILED 10/16/30 M. H. Crowl REGISTRAR  
Asor

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1930 to Oct. 16, 1930  
that I last saw h. so alive on Oct. 16 - 1930 and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
82 1/2  
97  
162 apoplexy (duration) yrs. mos. ds. 10  
CONTRIBUTORY (SECONDARY) Arterio-sclerosis and  
Emaciation (duration) / yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, DATE OF \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. D. Martin M. D.  
10/16, 1930 (Address) 6500 Wash. Pk. Blvd.

\*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 Mt. Washington DATE OF BURIAL Oct. 18 1930

20. UNDERTAKER O. H. Newcomer's Sons ADDRESS 2111 E. 9<sup>th</sup> St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAINTAINED RESERVED FOR BINDING

Dr. Ed. N. Martin  
6800 Washington Blvd.  
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