

DEC 18 1936

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

Do not use this space.

40309

1. PLACE OF DEATH

County Burns
Township Jugus Creek
City Seligman (No. _____)

Registration District No. 36
Primary Registration District No. 5052

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Missouri Anne Pendergraft

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 9 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Burns Co. Mo.13. NAME Calvin Dunneway14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennesse15. MAIDEN NAME Mrs. Beaver16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennesse17. INFORMANT A. A. Pendergraft
(ADDRESS) Seligman18. BURIAL, CREMATION, OR REMOVAL PLACE Beaver Cem DATE Nov-23-193619. UNDERTAKER Koon
(ADDRESS) Cassville Mo20. FILED H-23 1936 Pellie S. Frank
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22nd, 193622. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1936 to Nov. 22nd, 1936I last saw h. e. t. alive on Nov. 22nd, 1936 Death is said to have occurred on the date stated above, at 9:50 p.m.

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

Date of onset

Bronchial Pneumonia.

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Dr. Chas. R. Brown M. D.(Address) Seligman 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.

