

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
Township WASHINGTON Primary Registration District No. 1001
City ST. JOSEPH (No. 2600 BLK., ST. JOSEPH AVENUE) St. _____ Ward _____

File No. 30223
Registered No. 95h

2. FULL NAME WILLIAM ALBERT PENDERGAST

(a) Residence, No. 2113 ST. JOSEPH AVENUE, St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 5, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. EMPLOYEE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MOREHEAD BRICK AND TILE CO.
10. Date deceased last worked at this occupation (month and year) UNK. 11. Total time (years) spent in this occupation. UNK.

12. BIRTHPLACE (CITY OR TOWN) HAMILTON COUNTY
(STATE OR COUNTRY) TOWA

13. NAME THOMAS PENDERGAST

14. BIRTHPLACE (CITY OR TOWN) QUEBECK,
(STATE OR COUNTRY) CANADA

15. MAIDEN NAME ANNA MEIGH

16. BIRTHPLACE (CITY OR TOWN) QUEBECK,
(STATE OR COUNTRY) CANADA

17. INFORMANT ALBERT JOSEPH PENDERGAST
(ADDRESS) ST. JOSEPH, MO. 914 N. 2ND.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE SEPT. 4, 1937

19. UNDERTAKER ELEMAN & SON INC.
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 9-3 19 37 M. J. Neel
Reg. Secy.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 2, 1937
22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1937, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 P.M.

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

Injuries received when struck by auto while walking across st. Date of onset 9/2/37

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis Kidney Was there an autopsy? Yes

23. If death was due to external causes (violence), All in also the following: accident Date of injury 9/2/37
Accident, suicide, or homicide? _____

Where did injury occur? St. Joseph, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury struck by auto
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) B. W. Tadlock Coroner, M. D.

(Address) King Hill Bldg.

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.

