

REC'D AUG 4 1939

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

25207
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104

(b) Township Fulton Primary Registration District No. 3008

(c) City Fulton (d) Street No. State Hosp #1 Registered No. 183

(e) Length of residence in city or town where death occurred yrs. 1 mo 22 ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME Benjamin F. Pledge

(a) Residence, No. Sedalia, Mo. (If nonresident, give city or town and State)

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 Mrs. Benjamin F. Pledge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1892

7. AGE YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>97</u>	<u>97</u>	<u>1</u>	<u>27</u>

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Funerary

9. Industry or business in which work was done, as saw mill, bank, etc. Funerary

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) Missouri

FATHER

13. NAME William H. Pledge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Margaret Jane Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.

17. INFORMANT (ADDRESS) State Hosp #1 record Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater, Mo. DATE July 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hill Brothers Slater Mo.

20. FILED July 9 1939 R. N. Cruz Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939 to July 9, 1939

I last saw him alive on July 9, 1939. Death is said to have occurred on the date stated above at 12:50 PM

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

Pneumonia Date of onset July 8 1939

Other contributory causes of importance: Senile Psychosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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 of injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) H. J. Wood, M. D.

(Address) State Hosp #1 Fulton 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.