

AUG 26 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County MontanaTownship 1City John T. Pardoe (No. 577)Registration District No. 577Primary Registration District No. 5775File No. 27840Registered No. 6St. 6 Ward 6

## 2. FULL NAME

(a) Residence, No. John T. Pardoe St. 6 Ward 6

(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

Mal

## 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

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

Oct 23 - 1872

## 7. AGE

64

## MONTHS

8

## DAYS

11

If LESS than 1 day, hrs. or min.

## OCCUPATION

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

Farmer

## 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)

Montana Co

## FATHER

## 13. NAME

Thomas Pardoe

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

Peoria

## MOTHER

## 15. MAIDEN NAME

Nancy Duchan

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

Montana Co

## 17. INFORMANT (ADDRESS)

John T. Pardoe  
Latham

## 18. BURIAL, CREMATION, OR REMOVAL

Reg. Latham CoPLACE Reg. Latham Co DATE 7/5/37

## 19. UNDERTAKER (ADDRESS)

William & Fred Meyer

## 20. FILED

7-7 19 57 Madeline Latham

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 4 - 1937

## 22. I HEREBY CERTIFY that I attended deceased from

Jan 25 - 1937, to July 4 - 1937I last saw him alive on about June 15 - 1937 Death is saidto have occurred on the date stated above, at          m.

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

Cancer of Stomach (Carcinoma)

Date of onset

Other contributory causes of importance:

Name of operation None Date of         What test confirmed diagnosis? Examination 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) D. L. Latham, M. D.(Address) California 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.

