

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.

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

PLACE OF DEATH

County Coke

Township Clarksville
or
Village
or
City (NO. _____) St. _____ Ward _____

Registration District No. 685

File No. 33622

Primary Registration District No. 4409

Registered No. 24

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John Penn

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

DATE OF BIRTH Nov - 13, 1833
(Month) (Day) (Year)

AGE 80 yrs. 8 mos. 9 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) Retired

BIRTHPLACE (City or town, State or foreign country) Clarion - Pa

PARENTS
NAME OF FATHER Not known - 1911
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Not known
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. G. W. Middleton
(ADDRESS) Clarksville, Mo.

Filed July 23, 1914 W. W. H. [unclear]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 22, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from July 21, 1914 to July 22, 1914, that I last saw him alive on July 22, 1914, and that death occurred, on the date stated above, at 90 m.

The CAUSE OF DEATH* was as follows:
Atherosclerosis
caused by Orupicillin
Hypertension
prolonged

Contributory (SECONDARY) 81 yrs. ___ mos. ___ ds.

(Signed) J. H. [unclear] M. D.
July 23, 1914 (Address) Clarksville

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted If not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Clarksville DATE OF BURIAL 7/24, 1914

UNDERTAKER McAuley ADDRESS Clarksville

