

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

24671

1. PLACE OF DEATH

County Jefferson Registration District No. 420 File No. _____
 Township Valle Sp. Primary Registration District No. 5574 Registered No. 7902-79
 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME

V. B. Penley
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MA</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of Sarah Penley</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 22 1863</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>8</u>	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>minister</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>England</u> (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <u>Francis Hoop Penley</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>England</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>X not</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>England</u> (STATE OR COUNTRY)				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5 1922

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 7:18 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rail Road accident
Aug 5th at 7:18 P m
Conners Gravel
Plant (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

Did AN OPERATION PRECEDE DEATH? X DATE OF X
 WAS THERE AN AUTOPSY? X

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) Dr. W. E. D. ..., M. D.
 , 19 (Address) Conners Gravel

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. INFORMANT (Address) <u>Mrs V. B. Penley</u> <u>2851 3rd</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>W.D. Soto</u>	DATE OF BURIAL <u>Aug 8 1922</u>
15. FILED <u>77 22</u> 19____ <u>D. L. Haughey</u> REGISTRAR	20. UNDERTAKER <u>C. H. Barnhart</u>	ADDRESS <u>W.D. Soto</u>

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.

