NOV 1927

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

Do not use this space.

29629

85

1001

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. — Registered No. 1088

City St. Joseph, (No. 439 North 17th Street St. Ward)

2. FULL NAME Elizabeth Penning

(a) Residence. No. 439 North 17th Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July. I. 1850.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	3	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Muenster,
(STATE OR COUNTRY) Ohio.

PARENTS

10. NAME OF FATHER John Bramlage

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mary A Dietsch
(Address) 439 North 17th Street.

15. FILED OCT 28 1927 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October. 27 1927.

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1927, to October 24, 1927, that I last saw her alive on October 24, 1927, and that death occurred, on the date stated above, at 11/45a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arcinoma of Stomach

46B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

44a

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Frank Hartigan, M. D

Oct. 27. 1927 (Address) St Joseph Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leavenworth, Kansas.

DATE OF BURIAL Oct. 29 1927.

20. UNDERTAKER W. O. Sidenfadin

ADDRESS 1802, Union Str

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Copy item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state