

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

22 1928

N. E.—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**

29780

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. Ways Hospital) St. 1089 Ward

2. FULL NAME Joseph D. Pennell

(a) Residence. No. 1207 South 10th 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Martha

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 1

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Ry Engr
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Brunswick Mo

10. NAME OF FATHER Wm Pennell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Phily Penn Mo

12. MAIDEN NAME OF MOTHER Delia Johnson

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

14. INFORMANT Charles Spencer
 Address Charles Spencers Mo

15. FILED 15 1928 REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept 15 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-9, 1928, to 9-15, 1928 that I last saw him alive on 9-14, 1928, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis - Chronic
930
97 (duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) E. A. Giering, M. D.
9/15, 1928 (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 Ashland DATE OF BURIAL Sept 17 1928

20. UNDERTAKER Heeman Funeral Home ADDRESS 1208 Frank

