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

Do not use this space.

10062

1. PLACE OF DEATH
County Crawford Co — Registration District No. 229 — File No.
Township Boone — Primary Registration District No. 5211 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Not Named
(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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 16-1929

7. AGE — YEARS — MONTHS — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Bourbon Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Finn Pennock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Crawford Co Mo
12. MAIDEN NAME OF MOTHER Elsie Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

14. INFORMANT Finn Pennock
(Address) Bourbon Mo

15. FILED 4/5 1929 W Linstromberg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1929, to Mar 18, 1929 that I last saw him alive on Mar 18, 1929, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary congestion of unknown origin
111 B (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) unknown
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 10

DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Diag.
(Signed) R P Royer, M. D
, 19 (Address) Bourbon 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: Rock Cemetary — DATE OF BURIAL: 3/19 1929

20. UNDERTAKER: W. Linstromberg — ADDRESS: Bourbon 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.

APR 24 1929