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

Do not use this space.

11

1002

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 10
City Independence (No. ..... St. ..... Ward)

2. FULL NAME Penelope Ann Hammond
(a) Residence. No. 717 North Spring St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. 7 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	3	2	

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) Johnson County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER David Murray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Johnson County
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Evelyn Bradley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bowling Green
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs W. D. Sloan
(Address) 7527 Madison - Kansas City Mo

15. FILED 1-7, 1930 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 7th 1930

17. I HEREBY CERTIFY, That I attended deceased from For Years to ....., 19.....
that I last saw her alive on Jan 6th, 1930, and that death occurred, on the date stated above, at Jan 7th 1 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Atrophic arthritis
15 years or more (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Calvin Atkins, M. D.
1-7, 1930 (Address) Independence 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 City Vault — DATE OF BURIAL Feb 4th 1930

20. UNDERTAKER Ott Mulhall — ADDRESS Ind Mo

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

MARGIN RESERVED FOR BINDING

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.

U. S. No. 2.

FEB 14 1930