

APR 23 1930

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

Do not use this space.

7845

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No. Ths. North High)

File No. _____

Registered No. 392

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2816 Doe St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

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

Ada Pennock

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

7-4-1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>62</u>	<u>2</u>	<u>2</u>	<u>2</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work credit mgr

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

(c) Name of employer Wright Hardware

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) England

10. NAME OF FATHER Joseph Pennock

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

12. MAIDEN NAME OF MOTHER Emma Belgrave

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

14. INFORMANT

Ida Pennock
Address 2816 Doernbecher

15. FILED

John S. W.
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/27 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1930, to Mar. 27, 1930 that I last saw him alive on Mar. 27, 1930, and that death occurred, on the date stated above, at 3:09 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Agranulocytosis 74
(Agranulocytosis) (duration) yrs. mos. 7 ds.
CONTRIBUTORY Bronch pneumonia (SECONDARY) (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF Mar 24, 1930
DID AN OPERATION PRECEDE DEATH? No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) P. R. McNeil M.D.
Address 208 West 1st St. 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 DATE OF BURIAL

Mt. Thora Cem 28 1930

20. UNDERTAKER ADDRESS

J. B. Drury 216 2d 1924

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.

MAR 28 1930

