

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

Do not use this space.

12990

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Meridian Primary Registration District No. 3020
City Carthage (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Matilda Pensinger
(a) Residence. No. 609 E. 25th St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Pensinger</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 18 46</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>3</u>	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Johns
(STATE OR COUNTRY) Canada

10. NAME OF FATHER

Chartier

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown
(STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER

Margaret Nolin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown
(STATE OR COUNTRY) Canada

14.

INFORMANT Miss Gertrude Pensinger
(Address) Carthage, Missouri

15.

Apr 21 30 E. H. Petchum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1930
17. I HEREBY CERTIFY, That I attended deceased from April 1 1930 to April 21 1930 that I last saw her alive on April 20 1930, and that death occurred, on the date stated above, at 1100 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of Heart

92A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. G. Baker, M. D.

, 19 (Address) Carthage, 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

Park Cemetery DATE OF BURIAL Apr 23 1930

20. UNDERTAKER

Kne: Mortuary ADDRESS Carthage, Mo.

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

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.

MAY 26 1930

MARGIN RESERVED FOR BINDING

U. S. No. 2.

