

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.

NOV 22 1930

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

Do not use this space.

32605 Dr. Lemmon

1. PLACE OF DEATH
 County Breene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield, Mo. No. 775 Lincoln St. _____ Ward) _____

2. FULL NAME John Wesley Penn
 (a) Residence No. 775 Lincoln 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 unknown
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25, 1843
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 | 1 | 16 | _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Rtd. Minister
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Marion Co.
 (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER John Wm. Penn
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Martha (?)
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11, 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1930, to Oct 11, 1930, that I last saw him alive on Oct 10, 1930, and that death occurred, on the date stated above, at 11 a. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Simple diarrhea
(acute entero-colitis)
 (duration) yrs. mos. 21 ds.
 CONTRIBUTORY Senility (age 87)
 (SECONDARY) (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) J. B. Lemmon, M. D.
10/11, 1930 (Address) SPRINGFIELD, 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.

14. INFORMANT Miss A. J. Dwyer
 (Address) 775 Lincoln
 15. FILED 10/11 1930 For Sharp REGISTRAR
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clifton, Mo. DATE OF BURIAL 10-13 1930
 20. UNDERTAKER Anna Schmeyer ADDRESS 534 St Louis
General Home Missouri

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