

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

Do not use this space.

9479

**1. PLACE OF DEATH**

County Greene  
 Township Republic  
 City Republic (No. \_\_\_\_\_)

Registration District No. 317  
 Primary Registration District No. 4192

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charlotte Augusta Pennoyer

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 5 - 1870</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>3</u>	<u>6</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>housework 9/4/1</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) Greenleaf  
 (STATE OR COUNTRY) Meeker Co., Minn.

PARENTS	10. NAME OF FATHER <u>John B. Pennoyer</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Sherbrooke</u> (STATE OR COUNTRY) <u>Canada</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Frances Bilbeck</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Lincolnshire</u> (STATE OR COUNTRY) <u>England</u>

14. INFORMANT Florence Brittain  
 (Address) Republic, Mo.

15. FILED 3/11, 1931 V. W. Shower  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1931

17. I HEREBY CERTIFY, That I attended deceased from 20 minutes, 1930, to March 10, 1931 that I last saw h. alive on March 10, 1931, and that death occurred, on the date stated above, at 12:30 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Effusion in Pericardium  
440 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Carcinoma of uterus  
probably (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED at her home

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Signs  
 (Signed) E. L. Deak, M. D.

\*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 Evergreen Cemetery DATE OF BURIAL 3/13 1931

20. UNDERTAKER R. E. Sherman ADDRESS Republic 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.

APR 21 1931

