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

Do not use this space.

17234

File No. 8

Registered No.

1. PLACE OF DEATH

County: Butler

Township: Beaver Dam

City: Near Harrell Mo (No. ..... St. ..... Ward)

Registration District No. 87

Primary Registration District No. 5-129

2. FULL NAME: Unnamed infant of Mr & Mrs Joe Pennington

(a) Residence, No. Near Harrell Mo 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 (write the word): Baby.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 21 - 1931

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 4 mi. N.N. Harrell Mo Butler Co.

FATHER

13. NAME: Joe Pennington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Butler County Mo.

MOTHER

15. MAIDEN NAME: Jean Gowen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Butler Co. Mo.

17. INFORMANT (ADDRESS): Jeff Pennington Harrell Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cochran Graveyard DATE: May 22, 1931

19. UNDERTAKER (ADDRESS): Alfred P. Greer Poplar Bluff Mo

20. FILED: 6-10-, 1931 M. M. Lane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 21, 1931

I last saw him alive on May 21, 1931. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth, only 6½ or 7 month utero gestation	
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Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Obvious Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: ✓

Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. L. Turner, M. D.

(Address) Neelyville 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.