

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

Do not use this space.

29189-1

1. PLACE OF DEATH
 County Ripley Registration District No. 751
 Township Vaughn Primary Registration District No. 5992
 City John W. Penrod (No. _____) St. _____ Ward _____

2. FULL NAME John W. Penrod
 (a) Residence No. _____ 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) widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Armande Francis Penrod
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28-1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 15 +
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work farming
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greenville
 (STATE OR COUNTRY) Millersburg Co. Ky -
 10. NAME OF FATHER J. A. Penrod
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greenville
 (STATE OR COUNTRY) Millersburg, Ky -
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown

14. INFORMANT John W. Penrod
 (Address) Ripley Mo

15. FILED 10 1931 Heckler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 13 - 1931
 17. HEREBY CERTIFY, That I attended deceased from June 20, 1931, to Aug 13, 1931, that I last saw him alive on Aug 13, 1931, and that death occurred, on the date stated above, at 6-0-m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic arterio-sclerosis
(not tubercular)

12 1/2 (duration) yrs. 1 mos. 4 ds.
 CONTRIBUTORY (SECONDARY) stroke
 (duration) yrs. 1 mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH 0

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) Heckler M. D.

8/14 1931 (Address) Ripley 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 Antioch Cem - DATE OF BURIAL Aug. 14 1931

20. UNDERTAKER Gish Hudt. ADDRESS Ripley Mo

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.

