

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.

NOV 24 1931

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

Do not use this space.

34916

1. PLACE OF DEATH

County Lewis Registration District No. 477 File No. _____
Township Clinton Primary Registration District No. 4286 Registered No. 81
City Clinton, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Clarence Penn
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 - 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Meyer Illinois

FATHER 13. NAME Claud L. Penn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Mo. Mendon

MOTHER 15. MAIDEN NAME Lillie Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Mo.

17. INFORMANT Mr. Claud Penn (ADDRESS) Meyer Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove DATE Oct. 15 1931

19. UNDERTAKER F. D. Kelly (ADDRESS) Clinton, Mo.

20. FILED 10-15 1931 H. W. Harris, M. D. Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1931
22. I HEREBY CERTIFY That I attended deceased from Oct. 12 1931 to Oct. 14 1931
I last saw him alive on Oct. 14 1931. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Peritonitis 157D 129B 129
157D 129

Other contributory causes of importance:
Congenital absence of anus and rectum.

Name of operation Colostomy Date of Oct. 12 1931
What test confirmed diagnosis? Physiological where 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) J. H. Wagoner, M. D.
(Address) Clinton, Mo.

