CORRECTED SUPPLEMENTAL.

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

Do not use this space.

42101

File No.

Registered No. 433

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 B

City Jefferson Barracks, Mo. No. U.S. Veterans Hospital, St. Ward)

2. FULL NAME William R. Penner

(a) Residence, No. 305 Depot St., Kennett, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. ownrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Fay Penner.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
33	33	0	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Winston Brothers Construction Company.

10. Date deceased last worked at this occupation (month and year) August 1931.

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion. S. Dakota.

FATHER

13. NAME John Penner.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Russia.

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable.

17. INFORMANT (ADDRESS) C. H. Smith M.D. Clinical Director. USV. Hosp. Jefferson Brks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett Mo. DATE Dec. 2, 1931

19. UNDERTAKER (ADDRESS) C. Hoffmeister U.S.L. Co. 7814 S. Broadway

20. FILED Dec. 2, 1931 L. C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from November 21, 1931, to December 2, 1931

I last saw h. im alive on December 2, 1931 Death is said to have occurred on the date stated above, at 1:45 A.M.

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

	Date of onset
Hodgkin's disease, lympho-granuloma. (Microscopic examination of tissue)	

Other contributory causes of importance:

Anemia, symptomatic, severe;
Tuberculous mediastinal lymphadenitis.

Name of operation None Date of

What test confirmed diagnosis? Laboratory and X-Ray Was there an autopsy? Yes.

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?

If so, specify

(Signed) C. H. Smith, M.D. Acting Med. In Chge. Officer M. D.

(Address) US V. Hosp. Jefferson Brks, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD