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.

MAY 25 1932

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

Do not use this space.

12435 C

1. PLACE OF DEATH

48 County JACKSON — Registration District No. 398 — File No.

5 Township Blue — Primary Registration District No. 3019 — Registered No. 149

8 City Independence (No. INDEPENDENCE SANITARIUM St. Ward)

2. FULL NAME MRS. NANCY PENNELL ABNEY

(a) Residence, No. 406 CYPRESS St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF WILLIAM T. ABNEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-14-1870

7. AGE: YEARS 62 — MONTHS 2 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) LENORE (STATE OR COUNTRY) NORTH CAROLINA 2

FATHER

13. NAME BENJAMIN H PENNELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA

MOTHER

15. MAIDEN NAME NANCY A. SHARRELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NORTH CAROLINA

17. INFORMANT MRS. M. H. SNEED (ADDRESS) 406 CYPRESS AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE APRIL-21 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED April 20, 1932 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL - 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1932 to Apr. 18, 1932

I last saw her alive on Apr. 18, 1932 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:

Carcinoma Breast — Date of onset

50
66B
93C
50 (1)

Other contributory causes of importance:

Myocardial Degeneration
Toxic adenoma of thyroid gland

Name of operation Excision of thyroid Date of 4/18/32

What test confirmed diagnosis? 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?

If so, specify

(Signed) Chas. P. Grabske, M. D.

(Address) Independence, Mo.

4th floor First National Bank Bldg. (Independence, Mo.)
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