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.

SEP 26 1933

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

Do not use this space.

26211

File No.
Registered No.

1. PLACE OF DEATH

40 County Grundy
4 Township
City Trenton (No. Cullers Hospital St. Ward)

Registration District No. 330
Primary Registration District No. 3017

7 2. FULL NAME Bettie Rae Pennell

(a) Residence, No. R.F.D. Trenton 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. 1 ds. 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) |
|---|---|---|
| Female | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1923

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 9 | 11 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Trenton Township

FATHER
13. NAME Ray Pennell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Township ~~Mo~~ Grundy Co

MOTHER
15. MAIDEN NAME Ethel Lemley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co Mo

17. INFORMANT Ray Pennell
(ADDRESS) Laston Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grundy Center DATE 6 August 1933

19. UNDERTAKER J. H. Hemley
(ADDRESS) Trenton Mo

20. FILED 7 Aug 1933 E. A. Duffy Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933 to Aug 4, 1933

I last saw h. alive on Aug 4, 1933. Death is said to have occurred on the date stated above, at 1:50 a.m.

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

| | Date of onset |
|---|---|
| General peritonitis | Prior to |
| from Gangrenous | Aug |
| appendicitis | 1 |
| | 1933 |

Other contributory causes of importance: 12 1 6 / 12 1 3 / 12 1 7

Name of operation Appendectomy Date of 8/3/33

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? No
If so, specify

(Signed) J. Thomas M. D.
(Address) Trenton Mo