

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

Do not use this space.

29025

1. PLACE OF DEATH

County Cass Registration District No. 152
 Township Franklin Hill Primary Registration District No. 1090
 City Harrisonville (No. _____) St. _____ Ward _____

2. FULL NAME

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 — 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) MO

MOTHER FATHER 13. NAME John Pennington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Malinda Wheeler

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

17. INFORMANT R. E. Pennington
 (ADDRESS) 104 W. Harrisonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cath. Chapel DATE 9/15 1933

19. UNDERTAKER (ADDRESS) Russenburg Bros. Inc. Harrisonville, Mo.

20. FILED 9/12 1933 H. S. Long Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1933, to Sept 12, 1933
 I last saw him alive on Sept 12, 1933. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:
Coronary Heart Disease and Chronic Nephritis
 Other contributory causes of importance: Diabetes

Name of operation _____ Date of _____
 What test confirmed diagnosis? Path. Rep. 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) Dr. E. J. O'Brien, M. D.
 (Address) 104 W. Harrisonville, Mo.

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.

OCT 20 1933

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