JAN 26 1934

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

Do not use this space.

39326

1. PLACE OF DEATH

12 County: Butler — Registration District No.: 89 — File No.:

Township: Poplar Bluff — Primary Registration District No.: 3731 — Registered No.: 60

City: (No. , St. Ward)

2. FULL NAME William L. Pennington

(a) Residence, No. R. R. #3 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Paradiza Pennington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-24-1863

7. AGE: Years 70 — Months 0 — Days 0 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): Illinois

FATHER

13. NAME: not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER

15. MAIDEN NAME: not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

17. INFORMANT (ADDRESS): Mrs. Pennington, Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blackcreek DATE: 12-26, 1933

19. UNDERTAKER (ADDRESS): Frank Mud Co, Poplar Bluff

20. FILED 1-5-, 1934 W. L. Bailey, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1932, to 12-24, 1933

I last saw him alive on 11-1-, 1933. Death is said to have occurred on the date stated above, at 8:30 A.m.

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

Endocarditis

Date of onset

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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) M. Glenn Brown, M. D.

(Address) Poplar Bluff, 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.