

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

Do not use this space.

39326

**1. PLACE OF DEATH**

12 County Butter Registration District No. 89  
Township Poplar Bluff Primary Registration District No. 5731  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 60

**2. FULL NAME**

(a) Residence, No. W. H. #3 St. Ward. (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 MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 0 0

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

13. NAME not known

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

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Wm. Pennington  
(ADDRESS) Poplar Bluff

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

19. UNDERTAKER Frankford Co  
(ADDRESS) Poplar Bluff

20. FILED 1-5-, 1934 W. S. 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, 1933, 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

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) Wm. Pennington, M. D.

(Address) Poplar Bluff

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.

JAN 26 1934

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