

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

Do not use this space.

40183

File No. \_\_\_\_\_  
Registered No. 4989 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1002  
City Kansas City (No. 7 C General Hosp)

**2. FULL NAME**

Joseph Pennington

(a) Residence, No. 2218 E 8th St., \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 Oma. Pennington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 4 3 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data 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

13. NAME Squire Pennington

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Peru a Clerk (ADDRESS) 7 C Gen Hosp Rm

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem DATE Dec 21 1933

19. UNDERTAKER A. P. Dagher (ADDRESS) 1415 East 15

20. FILED Dec. 10 1933 M. M. Kerove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-29 1933 to 12-19 1933

I last saw him alive on 12-19 1933 Death is said to have occurred on the date stated above, at 2:42 a.m.

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

posterior lateral Sclerosis

Other contributory causes of importance: 81A 97

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) St. Germett M. D. (Address) 7 C Gen Hosp Rm

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.

AN 26 1933

