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.

MAY 25 1934

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

Do not use this space.

12793

1. PLACE OF DEATH

County Jackson — Registration District No. 389 — File No. [illegible]

Township Kan — Primary Registration District No. 5009 — Registered No. [illegible]

City K.C. Mo. (No. 1521 E. 13th St. Ward)

2. FULL NAME Pauline Pennie (Pennie)

(a) Residence, No. 1521 E. 13th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female

4. COLOR OR RACE Negro

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (~~write~~ the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Eugene Pennie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11-1884

7. AGE — YEARS 49 — MONTHS 7 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Little Rock, Ark

FATHER

13. NAME Wm Alexander

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

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Eugene Pennie 1521 E. 13th

18. BURIAL, CREMATION, OR REMOVAL Highland Cemetery KC Mo DATE 4-5-34 19

19. UNDERTAKER (ADDRESS) Flynn & Greenstreet KC Mo.

20. FILED Apr. 4 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2- 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1934 to 4-2- 1934

I last saw her alive on 4-2- 1934. Death is said to have occurred on the date stated above, at 11:20 m.

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

Valvular Disease of the Heart

Date of onset

Other contributory causes of importance:

Nephritis Chronic Parenchymatous

Name of operation ..... Date of .....

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? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) 1512 N. 5th St.