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.

SEP 15 1934

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

Do not use this space.

1. PLACE OF DEATH
County Henry
Township ~~Clinton~~
City Clinton
Registration District No. 347
Primary Registration District No. ~~5488~~ 3018
File No. 29039
Registered No. 111
(No. ..... , ... St. ..... Ward)

2. FULL NAME CHARLES WILLIAM PENINGTY
(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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-23-1934
7. AGE: YEARS 0 | MONTHS 5 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dependent
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): Clinton, Missouri

FATHER
13. NAME: Carl Howard Peningty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Deepwater Missouri

MOTHER
15. MAIDEN NAME: Helen Mallroy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brownington Missouri

17. INFORMANT (ADDRESS): Carl Howard Peningty Clinton, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood DATE 8-20-1934
19. UNDERTAKER (ADDRESS): Sims Funeral Home Clinton, Missouri
20. FILED 8 20 1934 J. B. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19, 1934
22. I HEREBY CERTIFY, That I attended deceased from 8/8, 1934, to 8/19, 1934
I last saw him alive on 8/19, 1934 Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

Entero Colitis
1198
119 b

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) Ed C. Pellon, M. D.
(Address) Clinton Mo