

DEC 12 1934

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

Do not use this space.

42311

File No. _____
Registered No. 39
St. _____ Ward _____

1. PLACE OF DEATH
County Christian Registration District No. 184
Township Limby Primary Registration District No. 5256
City _____ (No. _____)

2. FULL NAME Josephus C. Penner
(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Minnie Penner		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 th 1871		
7. AGE YEARS 63.	MONTHS 0	DAYS 4
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		
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) Mo.		
13. NAME Wilson Penner		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania		
15. MAIDEN NAME Hazel Fair		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania		
17. INFORMANT (ADDRESS) Mrs. Minnie Penner Dec 12 1934		
18. BURIAL, CREMATION, OR REMOVAL PLACE Selmore Mo. DATE _____ 19____		
19. UNDERTAKER (ADDRESS) T. W. Maples Caley, Mo.		
20. FILED Dec. 6 1934 Doretta Leonard Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3rd 1934

2. I HEREBY CERTIFY, That I attended deceased from Oct 13 1934 to Dec 3rd 1934
I last saw him alive on Nov 6 1934. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:
Regina Pectoris
94a
Other contributory causes of importance:

Name of operation None 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? No
If so, specify _____
(Signed) J. H. Wade, M. D.
(Address) Ozark Mo.

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.

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