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.

MAR 2 1935

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

Do not use this space.

2560

File No. ____

Registered No. 21

1. PLACE OF DEATH
County: Randolph — Registration District No. 735
Township: ____ — Primary Registration District No. 3034
City: Moberly (No. 821 W. Reed St. ____ Ward)

2. FULL NAME: Horatio G. Penn.
(a) Residence, No. 821 W. Reed 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14th 1841

7. AGE: Years 93 | Months 6 | Days 4 | If LESS than 1 day, ____ hrs. or ____ min.

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

FATHER
13. NAME: John Penn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Elizabeth Major
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT: Chas. Penn
(ADDRESS) Slater, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moberly Mo DATE: Jan. 29th, 1935

19. UNDERTAKER: Mathews and Son
(ADDRESS) Moberly Mo

20. FILED: 1/28, 1935 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 28th, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan. 24, 1935, to Jan. 28, 1935
I last saw him alive on Jan. 26, 1935. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	—
Senility	

Other contributory causes of importance:
Senility.

Name of operation: None Date of: ____
What test confirmed diagnosis? Clinical 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) L. E. Huber, M. D.
(Address) Moberly Mo