

APR 2 1935

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

Do not use this space.

11554

1. PLACE OF DEATH

County *Schuyler*
Township *Piranic*
City *Queencity Mo* (No.)

Registration District No. *806*
Primary Registration District No. *6052*

File No.
Registered No.
St. Ward)

2. FULL NAME

Mary Ellen Pennington

(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 *female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Boon Pennington (deceased)*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 22-1860*

7. AGE YEARS *74* MONTHS *10* DAYS *22* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Keeping*
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 *life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Arundell*

FATHER 13. NAME ~~Edward~~ *Patrick Kelley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

MOTHER 15. MAIDEN NAME *Jane Jackson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*

17. INFORMANT *Mrs Annie Schmitt* (ADDRESS) *Queencity MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Queencity* DATE *Mar 17 1935*

19. UNDERTAKER *Wm H West* (ADDRESS) *Queencity MO*

20. FILED *8/15 1935* Registrar *J J Johnson*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 14 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1*, 19*33*, to *March 14*, 19*35*. I last saw her alive on *March 14*, 19*35*. Death is said to have occurred on the date stated above, at *9* m. The principal cause of death and related causes of importance were as follows:

Exhaustion from Chronic Arthritis

Date of onset *1900*

Other contributory causes of importance

57

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
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) *Wm H West*, M. D.
(Address) *Queencity MO*

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.

