

MAY 31 1935

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

Do not use this space.

13649

## 1. PLACE OF DEATH

County Moniteau  
Township Harrison  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 574  
Primary Registration District No. 5772A

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 22 - 1847</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>4</u>	DAYS <u>12</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>
	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) Key13. NAME Berry Pennington14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key15. MAIDEN NAME A Miss Cordell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key17. INFORMANT (ADDRESS) Moses Pennington18. BURIAL, CREMATION, OR REMOVAL PLACE Willing Springs DATE 4/6 193519. UNDERTAKER (ADDRESS) W. H. Jones & Sons20. FILED 418 1935 Jewell W Phillip Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 4 - 1935  
22. I HEREBY CERTIFY, That I attended deceased from 4 - 3 - 1935, to 4 - 4 - 1935  
I last saw him alive on 4 - 3 - 1935. Death is said to have occurred on the date stated above, at 6 P m.  
The principal cause of death and related causes of importance were as follows:

ApoplexyDate of onset 3-31-35

Other contributory causes of importance \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) H. R. Popejoy, M. D.  
(Address) California 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.

