

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.

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

Do not use this space.

JUN 28 1935

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1. PLACE OF DEATH

County St. Clair
Township Butte
City Louisy City, Mo. (No. 1, St. 1 Ward)

Registration District No. 763
Primary Registration District No. 4458

File No. _____
Registered No. 31

2. FULL NAME Sarah Francis Penn

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 — G. H. Penn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 17

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

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) New Vista, Mo. (STATE OR COUNTRY) St. Clair Co., Mo.

13. NAME Robt Daniel Lawler

14. BIRTHPLACE (CITY OR TOWN) not given (STATE OR COUNTRY) Henderson Co Tenn.

15. MAIDEN NAME Adeline DeLozier

16. BIRTHPLACE (CITY OR TOWN) not given (STATE OR COUNTRY) Tenn.

17. INFORMANT G. H. Penn (ADDRESS) Louisy City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisy City Cemetery DATE 5/26/35

19. UNDERTAKER H. C. Austin (ADDRESS) Louisy City, Mo.

20. FILED May 25, 1935 Leo S. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1935, to May 23rd, 1935

I last saw her alive on May 19th, 1935 Death is said to have occurred on the date stated above, at 2:05 p.m.

The principal cause of death and related causes of importance were as follows:

Irreparable Rupture of Aorta Date of onset 25 yrs
Cholelithiasis resulting from
Cholecystitis

Other contributory causes of importance:

Adhesions of probable
concurrent degeneration

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy 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 1935

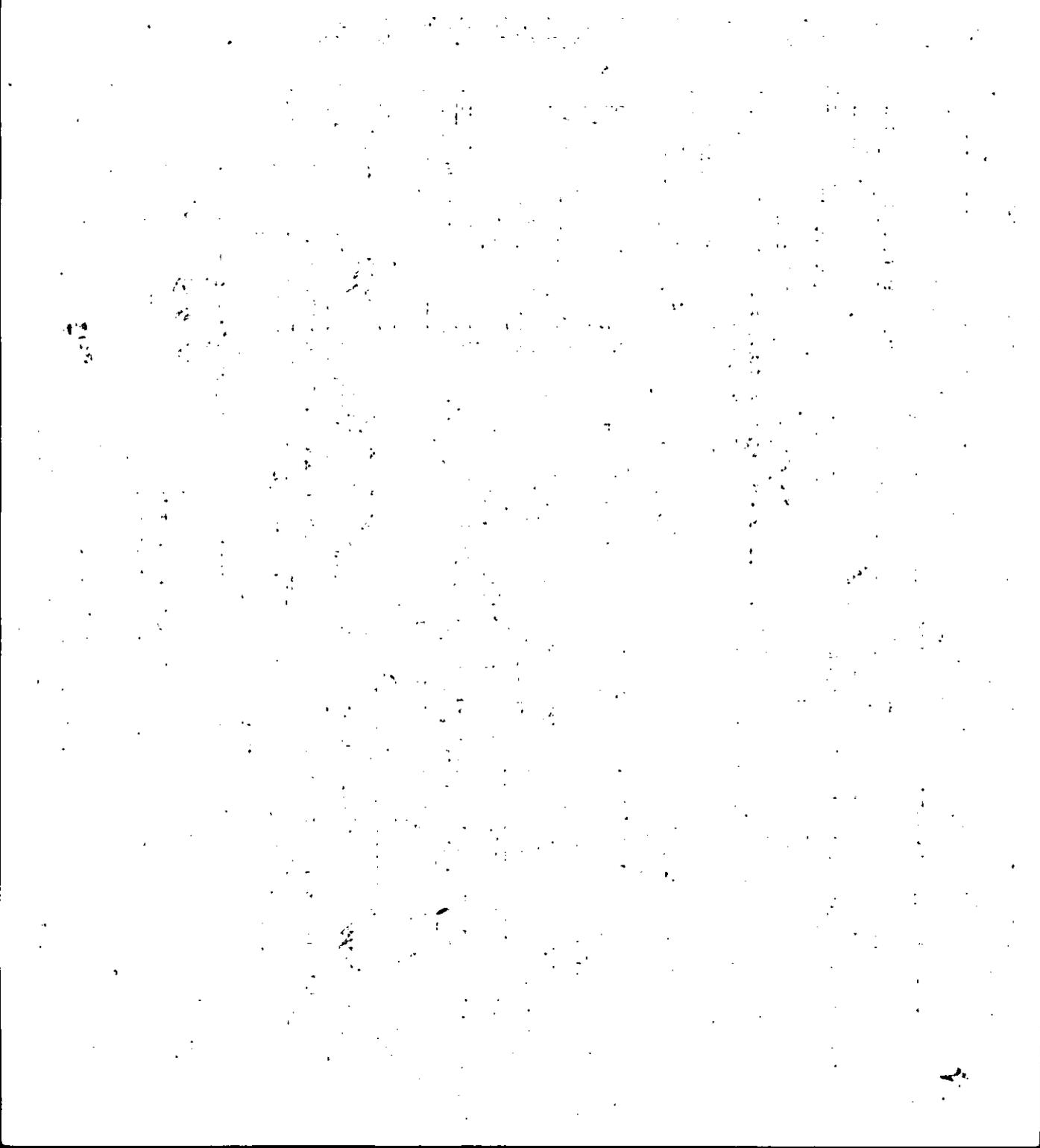
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: _____ (Address) _____ M. D.
Geo. Sheldon Wright
Louisy City, Mo.



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Clair

Registration District No. 763

File No. _____

Township _____

Primary Registration District No. 4458

Registered No. _____

City Louisy City (No. _____) 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 8 17

The principal cause of death and related causes of importance were as follows:

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

Inoperable gall bladder disease etc

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

Adhesion probably Cancerous degeneration Gall bladder first affected

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED May 28 1935 Leo S. Wright Registrar

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) _____, M. D.

(Address) Lowry City, Mo

Cross or check in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTAL

Probation 3 1/2 years 4 years

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