

AUG 23 1935

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

Do not use this space.

1. PLACE OF DEATH *6231 Wells ave*
County *St. Louis Co* Registration District No. *789*
Township *Central* Primary Registration District No. *6033*
City *Wellston mo* (No. *6231, Wells Ave*) St. _____ Ward _____
File No. *24283*
Registered No. *174*

2. FULL NAME *Barker Penny*
(a) Residence, No. *6231 Wells Ave* 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) *Baby*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 25 - 1925*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 5 13

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

12. BIRTHPLACE (CITY OR TOWN) *Wellston mo*
(STATE OR COUNTRY)

13. NAME *Harvey Penny*

14. BIRTHPLACE (CITY OR TOWN) *Jackson mo*
(STATE OR COUNTRY)

15. MAIDEN NAME *Ella Mitchell*

16. BIRTHPLACE (CITY OR TOWN) *Jackson mo*
(STATE OR COUNTRY)

17. INFORMANT *Ella Penny*
(ADDRESS) *6231 Wells Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Greenwood* DATE *7-10* 19*35*

19. UNDERTAKER *Joett Randle* #317
(ADDRESS) *720 No Leonard Ave*

20. FILED *4-10* 19*35* *Edl Baehner*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/8* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *7/7* 19*35* to *7/8* 19*35*

I last saw him alive on *7/8* 19*35* Death is said

to have occurred on the date stated above, at *4 P.* m.

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

measles

Date of onset
3/8/35

Other contributory causes of importance:
none

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? *L* 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 *injury*

(Signed) *John P. P.* M. D.

(Address) *1492 Hodiamer*

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.

