

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

Do not use this space.

NOV 22 1935

1. PLACE OF DEATH

County Laclede
Township
City Rebanon (No. _____)

Registration District No. Lebanon 447
Primary Registration District No. 4267

File No. 33169
Registered No. _____ St. _____ Ward _____

2. FULL NAME

Mrs R. G. Penland

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1872

7. AGE YEARS 63 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) (STATE OR COUNTRY) Western-Carolina

MOTHER 13. NAME Winters

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

15. MAIDEN NAME Ann Whitside

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

17. INFORMANT G. L. Strauf (ADDRESS) Rebanon Mo

18. BURIAL, CREMATION, OR REMOVAL Rebanon Cemetery DATE Oct 28 1935

19. UNDERTAKER Hobson & Stewart (ADDRESS) Rebanon Mo

20. FILED 10-28-35 J. M. Cumb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1935 to Oct 26 1935

I last saw him alive on Oct 26 1935. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Chronic Subcutaneous nephritis Date of onset June 1935
Other contributory causes of importance: None

Name of operation none Date of _____
What test confirmed diagnosis Physical History 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 none

Nature of injury _____

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

If so, specify _____

(Signed) Pharmacia, M. D.

(Address) Rebanon 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.

