

APR 23 1936

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

Do not use this space.

10501

1. PLACE OF DEATH

County Jackson Registration District No.
Township J. Kaw Primary Registration District No.
City Kansas City (No. 4032) Montgall

File No.
Registered No. 1156
St. Ward)

2. FULL NAME

Mrs Ida E. Pengilly
(a) Residence, No. 4032 Montgall Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1908 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX He 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M. Pengilly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-11-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Monticello Wisconsin13. NAME Richard K. Wingholz14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Victoria Zinds16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo N. Y.17. INFORMANT (ADDRESS) Mrs Myrtle A. Rogers 4032 Montgall18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Apr-5 193619. UNDERTAKER (ADDRESS) H. W. Newcomers Sons 308 Kansas City, Mo.20. FILED 3-4 1936 M. M. Crowe, reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-3 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 3, 1936
I last saw him alive on March 1, 1936. Death is said to have occurred on the date stated above, at 120 A. M.
The principal cause of death and related causes of importance were as follows:

Principal valve regurgitation (left)
75-20
Date of onset about 2 months ago

Other contributory causes of importance:
a slow thinning out of Cardiac muscle & other history.

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? no
If so, specify E. H. Pilsbry, M. D.

(Signed) E. H. Pilsbry Registrar.

1/25

