

JUL 18 1936

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

Do not use this space.

22250

1. PLACE OF DEATH

County Carroll
Township Rock Pond
City Carroll (No.)

Registration District No. 134
Primary Registration District No. 5187

File No.
Registered No. 14 St. Ward)

2. FULL NAME

Mattie Ellen Pennington

(a) Residence, No. St. Ward. (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>Female</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sidney Pennington</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 14 - 1879</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>7</u>
	DAYS <u>8</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>Housewife</u>	
	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) <u>Carroll Co Missouri</u>		
MOTHER	13. NAME <u>William T. Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Eva Winfrey</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co Missouri</u>		
17. INFORMANT <u>Clyde Pennington</u> (ADDRESS) <u>Simple no.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winfreyment</u> DATE <u>June 24, 1936</u>		
19. UNDERTAKER <u>David J. Edwards</u> (ADDRESS) <u>Bosworth Mo</u>		
20. FILED <u>June 23, 1936</u> <u>Mrs. Boss Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to June 21, 1936
I last saw her alive on June 21, 1936 Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis acute Date of onset

Other contributory causes of importance
Probably acute

Name of operating physician _____ Date of _____
What test confirmed diagnosis _____ 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. Boss Brown M.D.
(Address) Bosworth Mo

CAUSE OF DEATH IN plain terms, so that it may be properly understood by the jury.

