

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PERSONAL STATEMENT OF OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
 39 County Greene Registration District No. 318 File No. 5899
 3 Township Camptell Primary Registration District No. 2001 Registered No. 0117
 5 City Springfield (No. Burge Hospital St. _____ Ward _____)

2. FULL NAME Gene Penn
 (a) Residence, No. 2406 W Elm St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1888

7. AGE YEARS 48 MONTHS 7 6 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Cape Girardeau
MO

FATHER 13. NAME Jama Penn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau
MO

MOTHER 15. MAIDEN NAME Schorelita Hopper
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau
MO

17. INFANT Edward Penn
 (ADDRESS) 2406 W Elm St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE East Lawn DATE 2-10-1937

19. UNDERTAKER Floyd W Cox
 (ADDRESS) 627 W 2nd Street

20. FILED Feb 18 1937 Chas A. George MD
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-7-37 to 2-8-37, 1937.
 I last saw her alive on 2-7-37, 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Simple gastric bore
throat
 Date of onset _____

Other contributory causes of importance: 11501

Name of operation _____ Date of _____
 What test confirmed diagnosis Lab 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? _____
 If so, specify _____
 (Signed) Henry Thresh M. D.
 (Address) 450 1/2 E. Campbell

