

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

Do not use this space.

**MAR 26 1937**

13866

**1. PLACE OF DEATH**

County Stoddard Registration District No. 840  
Township Luck Creek Primary Registration District No. 6102  
City Puress Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 10

**2. FULL NAME**

George W Pennington Jr

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertude Pennington

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to March 7, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3, 1865

I last saw him alive on March 7, 1937. Death is said to have occurred on the date stated above, at 6:10 p.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>1</u>	<u>4</u>	

Bulbo Paralysis Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
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 \_\_\_\_\_

Other contributory causes of importance: High Blood Pressure

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Ind.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

13. NAME George W Pennington

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not know

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

Manner of injury ✓  
Nature of injury ✓

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not know

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

17. INFORMANT (ADDRESS) George W Pennington III  
Puress Mo

(Signed) G. F. Johnson, M. D.  
(Address) Puress, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Puress Mo DATE Mar 8 1937

19. UNDERTAKER (ADDRESS) Hebanon White Ste Co  
Puress Mo

20. FILED Mar 8 1937 Lucas B. Gleason  
Registrar.

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.

