

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

Do not use this space.

MAY 31 1937

17402

1. PLACE OF DEATH  
 91 County Osage Registration District No. 750  
 Township Harro Primary Registration District No. 5991  
 City (No. ....) St. .... Ward)

2. FULL NAME Rebeckah Elizabeth Pennell  
 (a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF- (OR) WIFE OF William C. Pennell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4 - 1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
63 - 1 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 - 1937  
 22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to May 5, 1937  
 I last saw her alive on April 5, 1937. Death is said to have occurred on the date stated above, at 11 A. M.  
 The principal cause of death and related causes of importance were as follows:

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.....

Culinary P.D.  
 Other contributory causes of importance:  
acute sinusitis  
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Clark Co. Ill.  
 13. NAME Daniel Murrey  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Clark Co. Ill.

Name of operation none Date of  
 What test confirmed diagnosis? clinical Was there an autopsy?

MOTHER  
 15. MAIDEN NAME Dovie Black  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Clark Co. Ill.  
 17. INFORMANT J. J. Pennell  
 (ADDRESS) Douglas mo.

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.

18. BURIAL, CREMATION, OR REMOVAL New Hope Cem  
 PLACE Osage, Mo. R.R. 1 DATE May 7 - 1937  
 19. UNDERTAKER Mrs. Minnie Gish  
 (ADDRESS) Navy, Mo.

Manner of injury  
 Nature of injury

20. FILED 12-6 - 1937  
W. J. Johnston  
 Registrar.

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Yes  
 (Signed) Douglas mo. M. D.  
 (Address) Douglas 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.

