

AUG 27 1937

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

Do not use this space.

28107

1. PLACE OF DEATH

County

Platte

Registration District No.

692

File No.

28107

Township

Dearborn

Primary Registration District No.

4494

Registered No.

City

(No. Dearborn)

St.

Ward)

2. FULL NAME

Martin B. Pennington

(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

male

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

Ella Pennington

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

Jan 11-1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

84

5

7

OCCUPATION

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

Retired

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)

Washington Co. Iowa

13. NAME

John Pennington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

15. MAIDEN NAME

Susan Redwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

17. INFORMANT (ADDRESS)

Ella Pennington Dearborn Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Deerfoot Ridge

DATE

June 20 1937

19. UNDERTAKER (ADDRESS)

Lucian Davis Dearborn Mo

20. FILED

July 21 1937 M. W. Moore Registrar

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

June 18 1937

22. I HEREBY CERTIFY that I attended deceased from

May 12th 1937, to June 18 1937I last saw him alive on June 17th 1937. Death is said

to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Tennessee

Other contributory causes of importance:

None

Name of operation

None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None 19

Where did injury occur? None (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) S. J. Pennington M. D.

(Address) Dearborn Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

五
十
年