

SEP 16 1937

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

Do not use this space.

## 1. PLACE OF DEATH

19 County CassRegistration District No. 148File No. 30368

2 Township

Primary Registration District No. 4082Registered No. 233 City Bellton

(No. ....)

St. ....

Ward)

2. FULL NAME Penelope Cauthon

(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

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFM. J. Cauthon

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

Nov 24, 1852

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.8487

OCCUPATIONS

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

at home

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)

Pa

FATHER

## 13. NAME

Thomas Hodson

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

Pa

MOTHER

## 15. MAIDEN NAME

unknown

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

## 17. INFORMANT (ADDRESS)

Mr. Sam Pitch  
Bellton Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Gerster, MoDATE Aug 3, 1937

## 19. UNDERTAKER (ADDRESS)

B. T. George  
Bellton Mo

## 20. FILED

Aug 2, 1937R. M. Miller

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Aug 1, 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

July 21, 1937 to Aug 1, 1937I last saw her alive on July 31, 1937 Death is saidto have occurred on the date stated above, at 9:30 a.m.

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

Date of onset

Bronchial Pneumonia 7/21/37

Other contributory causes of importance:

10th  
Infirmities of  
age

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

## 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).....

(Address).....

R. M. Miller  
Bellton 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.

