SEP 20 1937

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

Do not use this space.

File No. 30867

Registered No. 259

1. PLACE OF DEATH
County Jackson
Township Blue
City Independence (No. 2239 Vermont St. Ward)

Registration District No. 398
Primary Registration District No. 5554

2. FULL NAME Mrs. Henrietta Pennington Hale
(a) Residence, No. 2239 Vermont 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: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John W. Hale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1862

7. AGE: Years 75 | Months 5 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Indiana

FATHER
13. NAME Wm. Henry Pennington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Abigail Hawkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT John W. Hale
(ADDRESS) 2239 Vermont

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Aug. 4 - 1937

19. UNDERTAKER Wamsley Funeral Home
(ADDRESS) 711 W. Lex. Indep. Mo.

20. FILED 8-10-1937 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to Aug 2, 1937
I last saw h... alive on Aug 2, 1937. Death is said to have occurred on the date stated above, at 11:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Nephritis Acute.	July 1937

Other contributory causes of importance:

Chole cystitis	May 17 37
Hepatitis	May 17 37
Hypertension	

Name of operation none 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? No
If so, specify
(Signed) George M. Odell M. D.
(Address) 11037 Winner Rd Indep. 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.