

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

NOV 19 1937

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

Do not use this space.

38143

1. PLACE OF DEATH

County Dwight Registration District No. 508 File No. ....  
Township Merain Ridge Primary Registration District No. 5677 Registered No. 143  
City Chillicothe (No. ....) St. .... Ward)

2. FULL NAME Carl B. Pennington

(a) Residence, No. .... St. .... Ward. .... (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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 3 - 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Nov-1-, 1937, to Nov-3-, 1937. I last saw him alive on Nov-1-, 1937. Death is said to have occurred on the date stated above, at 10 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-1-1914

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. 23 10 2

Myocarditis Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ←  
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 Infantile Paralysis 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME John W. Pennington

What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy no

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

15. MAIDEN NAME Edith Gregory

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

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

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

17. INFORMANT Sarnett Pennington (ADDRESS) Chillicothe Mo

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cem DATE Nov-6-1937

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER (ADDRESS) Jas D. Gordon Chillicothe Mo

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_ M. D.

20. FILED Nov 5 1937 Harold H. Kimmel Registrar

(Address) Chillicothe Mo

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D. C. 20250

477-100-1000

OFFICE OF THE ASSISTANT SECRETARY  
FOR LAND MANAGEMENT

100-1000

TO: DIRECTOR, BUREAU OF LAND MANAGEMENT  
FROM: ASSISTANT SECRETARY FOR LAND MANAGEMENT

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

BY: [Illegible]

[Illegible]