

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

Do not use this space.

1867

1. PLACE OF DEATH

County ANDREW COUNTY
Township Jefferson
City Jefferson (No. _____, St. _____ Ward _____)

Registration District No. 19
Primary Registration District No. 5017

File No. _____
Registered No. _____

2. FULL NAME MARVIN KENT PENNINGTON

(a) Residence, No. R.F.D.#2 ST. JOSEPH, MO. St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 29, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from: Jan 28, 1938 to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 20, 1932

I last saw h. i. m. alive on Jan 28, 1938. Death is said to have occurred on the date stated above, at 12:15 a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 7 9

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

Lobar pneumonia Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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: _____

12. BIRTHPLACE (CITY OR TOWN) ATWOOD (STATE OR COUNTRY) KANSAS

13. NAME J.W. PENNINGTON

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) JOHNSON COUNTY, (STATE OR COUNTRY) MISSOURI

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME MINNIE SHAW,

16. BIRTHPLACE (CITY OR TOWN) JOHNSON Co. MO. (STATE OR COUNTRY)

17. INFORMANT MR. & MRS. J.W. PENNINGTON (ADDRESS) R.D.#2, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ELM, MO DATE JAN, 31, 1938,

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 COLHOUN ST. JOSEPH, MO.

20. FILED Jun 30, 19.38 Mrs A. R. King Registrar

23. If death was due to external cause (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 industrial 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) D. P. Kelly M. D. (Address) Lavanth Mo.

RECEIVED

FEB 21 1938

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

