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

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

Do not use this space.

2/1

**1. PLACE OF DEATH**

County: Carroll Co — Registration District No.: 138 — File No.: 2337

17 Township: Prairie Twp — Primary Registration District No.: 5175 — Registered No.: 80

City: ..... (No. ....., ..... St. ..... Ward)

**2. FULL NAME** Naoma Cleo Pennington 223

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| female | white | widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1894

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 43 | 6 | 3 | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Children

10. Date deceased last worked at this occupation (month and year) Aug. 1937 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

FATHER

13. NAME James M. Edgar

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

MOTHER

15. MAIDEN NAME Mary Jane Cates

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

17. INFORMANT (ADDRESS) C. A. Edgar Norborne Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Centroch DATE Jan 14 1938

19. UNDERTAKER (ADDRESS) Jno. W. Kruspschel Hardin Mo

20. FILED Jan 15 1938 B. C. Cole Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13- 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-2- 1937, to 1-13 1938
I last saw her alive on 1-13 1938. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Sigmoid — Date of onset 10-2-37

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Other contributory causes of importance:

Name of operation None — Date of ✓

What test confirmed diagnosis? Bed Side — Was there an autopsy? No

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) B. C. Cole, M. D.
(Address) Norborne Mo.