REC'D MAR 14 1938

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

Do not use this space.

9 1. PLACE OF DEATH 2/1

County Bollinger Registration District No. 66 File No. 6005

Township Lorance Primary Registration District No. 5102B Registered No.

City Leflin (No. , St. / Ward)

2. FULL NAME Loyd B. Penturf 536

(a) Residence, No. Leflin, Mo. 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	44	II	28	

OCCUPATION

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

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) Bollinger, Co. 0

FATHER

13. NAME Mose Penturf 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bollinger, Co.* Cape Girardeau, Co. 0

MOTHER

15. MAIDEN NAME Mary C. Winters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger, Co.

17. INFORMANT Mose Penturf
(ADDRESS) Leflin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barks Chapel DATE 2-9-38, 19

19. UNDERTAKER Baker Funeral Home
(ADDRESS) Lutesville, Mo. Cyl Gibraham

20. FILED 3/10, 1938 R. J. Chandler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1938, to Feb. 7, 1938

I last saw h. alive on, 19 Death is said to have occurred on the date stated above, at 1:40 P.m.

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

	Date of onset
Apoplexia.	
C J K-1	

Other contributory causes of importance:
Unknown.

Name of operation No operation Date of —
What test confirmed diagnosis? No test 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) J. W. Gurney, M. D.
(Address) Leflin Mo.

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

6005
Do not use this space.

1. PLACE OF DEATH
(a) County Bollinger Registration District No. 66
(b) Township Lorance Primary Registration District No. 5102B Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Loyd B. Penturf
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cora Penturf
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 5-1893
7. AGE: YEARS 44, MONTHS 11, DAYS 28, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as 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): Bollinger Co

FATHER
13. NAME: Mose Penturf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger

MOTHER
15. MAIDEN NAME: Mary C. Winter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co

17. INFORMANT (ADDRESS): Mose Penturf Laflin Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Barks Chapel DATE: 2-9, 1938
19. FUNERAL DIRECTOR (ADDRESS): Baker Funeral Home Lutesville Mo By T. C. Grahs
20. FILED: 3/10, 1938 J. J. Shandler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1938, to Feb 7, 1938
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Apoplexy	

Other contributory causes of importance: unknown

Name of operation: no operation Date of
What test confirmed diagnosis? no test 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) J. M. Finney, M. D.
(Address) Laflin Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

6005