

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Chariton Registration District No. 169
 Township Brunswick Primary Registration District No. 4098
 City Brunswick (No.) St. Ward

2. FULL NAME ORIN GABRIEL PENICK 520
 (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.

File No. 6423
Registered No. 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 5 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labar
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Plant Employee
 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) Brunswick Mo

FATHER
 13. NAME Buck Penick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

MOTHER
 15. MAIDEN NAME Bessie Gabriel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maleta Kansas

17. INFORMANT (ADDRESS) Orville Penick De Mot No

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick Mo DATE March 3 1938

19. UNDERTAKER (ADDRESS) L. Weisel Brunswick Mo

20. FILED Feb 2 1938 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1938, to Feb 28 1938
 I last saw him alive on Feb. 28 1938. Death is said to have occurred on the date stated above, at 4:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia (Lobar) Date of onset
Influenza
 Other contributory causes of importance: 11 5 -

Name of operation 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 3

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. H. Fisher D.O. M. D.
 (Address) Brunswick 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.

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