

DEC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pemiscot
Township Godair
City Portageville (No. _____)

Registration District No. 114
Primary Registration District No. 5869

File No. 7680
Registered No. 9
St. _____ Ward _____

2. FULL NAME Samuel Penrod 563

(a) Residence, No. _____ 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 (write the word) Widowed

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

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

22. I HEREBY CERTIFY, That I attended deceased from on Mar 7 1938, to _____, 19____.

I last saw him alive on Mar 7 1938 Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1881

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 4 20

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. farmer

Tumor of Brain
non malignant
54

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: 54

12. BIRTHPLACE (CITY OR TOWN) Alton, Ill.
(STATE OR COUNTRY)

13. NAME George Penrod

Name of operation _____ Date of _____

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

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

15. MAIDEN NAME Elizabeth Cutler

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) Ill.
(STATE OR COUNTRY)

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 John Penrod
(ADDRESS) Portageville, Mo. Rt 5

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville DATE March 8, 1938

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

19. UNDERTAKER R. M. Payne
(ADDRESS) Portageville Mo.

(Signed) H. S. O'Neil, M. D.

20. FILED 3-9-1938 Mary W. O'Neil
Registrar.

(Address) Portageville Mo.

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

55A

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

7

7680

Do not use this space.

1. PLACE OF DEATH

(a) County Permisent Registration District No. 114
(b) Township Podair Primary Registration District No. 2869 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 Samuel Perrod

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 4 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Subarachnoid Brain
Non-Malignant
5413

Date of onset

Other contributory causes of importance:

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) H. J. O'Kelly, M. D.

(Address) Partogubbs mo

SUPPLEMENTARY

S-7680