REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Carroll
Township Ridge
City Bosworth Mo (No. ..... St. ..... Ward)

Registration District No. 134
Primary Registration District No. 5186

File No. 17966
Registered No. 12

2. FULL NAME Thomas Jefferson Pennington 550
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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 Clara Pennington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1905

7. AGE: YEARS 32 | MONTHS 6 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Charles Jefferson Pennington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamestown, Mo

MOTHER
15. MAIDEN NAME Aloh Bell Winfry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bosworth, Mo.

17. INFORMANT (ADDRESS) Charles Jefferson Pennington Bosworth Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Creek Cemetery DATE May 12 1938

19. UNDERTAKER (ADDRESS) David J. Edwards Bosworth Mo.

20. FILED May 11 1938 Mrs. Boss Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1938

22. I HEREBY CERTIFY, That I attended deceased from April 30 1938 to May 10 1938
I last saw him alive on May 10 1938 Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

108

Other contributory causes of importance: Labor Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) A. J. Boss Brown, M.D.
129 (Address) Bosworth 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.

SEP 2 1943