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.

NOV 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Grundy
Township Lincoln
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 328
Primary Registration District No. 5462

File No. 35782
Registered No. .....

2. FULL NAME 540 Ethel Mae Pennell

(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: Female
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: Ray Pennell.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 24 - 1890.

7. AGE: Years 48 | Months 0 | Days 12. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): N. W. Trenton Mo 0

FATHER
13. NAME: Linus Lemley 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va. 0

MOTHER
15. MAIDEN NAME: Ollie Renfroe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs. Linus Pennell. Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grundy Center DATE Oct. 9, 1938

19. UNDERTAKER (ADDRESS): P. K. Payne & Son. Galt Mo.

20. FILED 10-8, 1938 Irene D. Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938 to Oct 6, 1938
I last saw her alive on Oct 6, 1938 Death is said to have occurred on the date stated above, at 11:50 a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma duodenum

Date of onset

Other contributory causes of importance: 4 5

Name of operation: None Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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) E. J. Mains, M. D.
300 (Address) Trenton Mo