

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

Do not use this space.

14616

1. PLACE OF DEATH

County Christian Co Registration District No. 185
Township Bruner Primary Registration District No. 625-1
City 2 (No. _____) St. _____ Ward _____

2. FULL NAME William and Pennington

(a) Residence, No. 1/2 miles E of Bruner 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. 0 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 80 13

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) Mo

13. NAME McKager Pennington

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

15. MAIDEN NAME Genneth Robertson

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

17. INFORMANT Sis Culey _____
(ADDRESS) Bruner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE union Chapel DATE 2/10/40

19. UNDERTAKER Richard & Chaffin
(ADDRESS) Sparta, Mo.

20. FILED 4-2/5 19.40 Josephine Merritt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from

Mar 7, 1940, to Mar 9, 1940

I last saw him alive on Mar 7, 1940. Death is said

to have occurred on the date stated above, at 2 P. M.

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

uremia from chronic nephritis

Date of onset unknown

Other contributory causes of importance:

Epileptic for several years

Name of operation _____ Date of _____

What test confirmed diagnosis? urinal 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) R. R. Farthing, M. D.

(Address) Ozark, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 540-1233

Date Filed MAY 7 1940