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

FILED JAN 8 1941

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

Do not use this space.

42089

1. PLACE OF DEATH
County Carroll
Township Egypt 2
~~City Norborne~~ (No. ..... , ... St. ..... Ward)

Registration District No. 138 5196
Primary Registration District No. 4078

File No. .....
Registered No. 65

2. FULL NAME Charles W. Penniston,
(a) Residence, No. Norborne. Mo. RR.2. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane. Penniston. Deces

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9. 1867.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	2	28	

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) Dec. 7. 1940
11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton. State of Ohio. /

FATHER
13. NAME John D. Penniston. /
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati. Ohio. /

MOTHER
15. MAIDEN NAME Mary Cathrine. Branstutt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati. Ohio.

17. INFORMANT (ADDRESS) Roxie Brock. Norborne. Mo. RR.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch. Cemetery DATE Dec. 9 1940

19. UNDERTAKER (ADDRESS) John G. Deitch Norborne. Mo.

20. FILED Dec 8 1940 B. C. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 1940

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:

	Date of onset
Coronor Jury Verdict Death was caused by being struck by Santafe Train No 18 Dec 7 - 1940 at about 9.24 P.M.	

Other contributory causes of importance:

206 M
2

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 Dec 7, 1940
Where did injury occur? Norborne Carroll Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
R.R. Crossing Public Road or Crossing
Manner of injury Hit Car on R.R. Crossing
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E A Dickerson Coronor, ~~M. D.~~
(Address) Bogard Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-2-41