

MAY 31 1935

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

Do not use this space.

13649

## 1. PLACE OF DEATH

County Moniteau  
Township Harrison  
City Joseph (No. Erwin)

Registration District No. 574  
Primary Registration District No. 5772A

File No. ....  
Registered No. 12  
St. .... Ward)

## 2. FULL NAME

(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
87 4 12

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) Key

MOTHER FATHER  
13. NAME Berry Pennington

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

15. MAIDEN NAME A Miss Cordell

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

17. INFORMANT (ADDRESS) Moses Pennington

18. BURIAL, CREMATION, OR REMOVAL PLACE Willing Springs DATE 4/6 1935

19. UNDERTAKER (ADDRESS) W. H. Jewell

20. FILED 418 1935 Jewell W Phillip Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 4 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 4 - 3 - 1935 to 4 - 4 - 1935

I last saw him alive on 4 - 3 - 1935. Death is said to have occurred on the date stated above, at 6 P m.  
The principal cause of death and related causes of importance were as follows:

Apoplexy  
Stroke

Date of onset 3-31-35

Other contributory causes of importance

Name of operation Stroke Date of .....

What test confirmed diagnosis? Clinical 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? no

If so, specify .....

(Signed) H. R. Popejoy M. D.

(Address) California 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.

