

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

Do not use this space.

5487

1929

1. PLACE OF DEATH

County Rochester

Registration District No. 85

Town in St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. State Hospital #2)

File No.

Registered No. 148

St. Ward)

2. FULL NAME

Lulu Ann Penn

(a) Residence. No. State Hospital #2 St. Ward.

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

F. White Widow

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

John Penn

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

1876 - Sept. 25

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

52 4 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Savannah

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Henry C. Sheddick

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

So. Bend

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Julia Caldwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

PARENTS

14. INFORMANT

Ruby F. Hark
Bartholville, Ok.

(Address)

15. FILED

FEB 5 1929

John J. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 4th 1929

17.

HEREBY CERTIFY That I attended deceased from Dec 27th, 1928 to Feb 4th, 1929.
that I last saw h. alive on Feb 4th, 1929, and that death occurred, on the date stated above, at 5:15 - p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis (acute)

9/1 A
9/11
1 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Susceptibility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Dr. Dewey, M. D.

2/6 1929 State Hosp No 2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, add (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Shannon Cemetery Feb 6 1929

20. UNDERTAKER

ADDRESS

Shannon Funeral Home 1708 Francis

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.

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