24 1929
53
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6

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

Do not use this space.
31213

1. PLACE OF DEATH
County Laclede
Township
City Lebanon (No. ..... St. ..... Ward)
Registration District No. 449
Primary Registration District No. 4267
File No.
Registered No. 15221

2. FULL NAME Cora Luella Pennington
(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 F
4. COLOR OR RACE B
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5th 1913
7. AGE YEARS 15 MONTHS 10 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Lebanon
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Lawrence Pennington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lebanon
(STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Ida Hooker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lebanon
(STATE OR COUNTRY) Mo

14. INFORMANT Lawrence Pennington
(Address) Lebanon Mo
15. FILED 9/11 1929 J M Billing REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10th 1929
17. I HEREBY CERTIFY, That I attended deceased from June 17 1929, to Sept 10 1929, that I last saw her alive on Sept 10 1929, and that death occurred, on the date stated above, at 9.45 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis
23A
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 31
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) P. I. Thompson, M. D
, 19 (Address) Lebanon Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lebanon Mo.
DATE OF BURIAL 9/12 1929
20. UNDERTAKER Palmer
ADDRESS Lebanon

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.

THIS IS A PERMANENT RECORD