

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

Do not use this space.

11578

1. PLACE OF DEATH

9 County Bollinger Registration District No. 67
Township Linn Primary Registration District No. 3702c
City Boonville (No., Ward)

File No.
Registered No. 8
St. Ward

2. FULL NAME

John Penholder
(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 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) Dec 18 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 3 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stalland 13
(STATE OR COUNTRY)

10. NAME OF FATHER Garth Penholder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stalland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Christine Penholder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stalland
(STATE OR COUNTRY)

14. INFORMANT John R. Vandover
(Address) Seaford MD

15. FILED 4-16 1932 G. A. Sander
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 2 1932

17. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19....., that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart failure
Valvular Heart Trouble
Product of Atherosclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF (1)

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Lamburgh M. D.
, 19..... (Address) Lutesville MD

*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 Seaford DATE OF BURIAL Apr 4 1932
ADDRESS Seaford

20. UNDERTAKER Ilvois Anger

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. MAY 23 1932

