

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

Do not use this space.

15342 ⁴⁷⁶

1. PLACE OF DEATH

85

County Buchanan

Registration District No. _____

Township _____

Primary Registration District No. 1001

St. Joseph Mo., (No. 1421 North 12th St)

File No. _____

Registered No. 666

St. _____ Ward _____

2. FULL NAME Mrs Nadine Pennington

(a) Residence, No. 1419 North 12th St 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1885

7. AGE YEARS 47 MONTHS _____ DAYS _____ If LESS than 1 day, hrs. _____ min. _____

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Sedalia Mo.

13. NAME Jennie Dyer Unknown

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

15. MAIDEN NAME Jennie Dyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown
Julia Pennington

17. INFORMANT (ADDRESS) Elwood Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo. DATE 5-90 32 19.

19. UNDERTAKER (ADDRESS) B.F. Graves Funeral Home
806 S 17th St

20. DATE 1 0 1932 Registrar John R. Borden

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9 1932 to May 9 1932

I last saw her alive on May 9 1932. Death is said

to have occurred on the date stated above, at 9:30 A

The principal cause of death and related causes of importance were as follows:

82 A
95 B
People of J. D. A
5/9/32

Date of onset

Other contributory causes of importance:

Acute Alcoholic 4/26/32

Name of operation not any Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? no

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) Ferdinand Stauden, M. D.

(Address) 216 1/2 W. Mo. Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 21 1932

