

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

Do not use this space.

1. PLACE OF DEATH

County De Kalb
Township Park
City Union Star (No. _____)

Registration District No. 4461-262
Primary Registration District No. 264

File No. 16147
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Robert Fulton Pannell

(a) Residence, No. Union Star St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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) July 25, 1848

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>84</u>	<u>10</u>	<u>6</u>	<u>37</u>

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 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near St. Louis

MOTHER FATHER

13. NAME William B. Pannell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

MOTHER

15. MAIDEN NAME Olura LaVelle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

17. INFORMANT Birdie Pannell
(ADDRESS) Union Star Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE June 2, 1933

19. UNDERTAKER H. D. Wilson
(ADDRESS) King City Mo

20. FILED 5/30, 1933 E. M. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1933, to May 29, 1933

I last saw him alive on May 28, 1933 Death is said to have occurred on the date stated above, at 3 a.m.

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

Gangrene Foot Date of onset 4/20 33

Other contributory causes of importance: 98

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify. E. M. Reynolds
(Signed) _____, M. D.
(Address) Merick St. Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 22 1933

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