

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

Do not use this space.

24014

1. PLACE OF DEATH

County Pemscott
Township Little Prairie
City Wardell (No. _____)

Registration District No. 1094
Primary Registration District No. 054000

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

2. FULL NAME

William Penn

(a) Residence, No. Wardell St. _____ Ward _____

Length of residence in city or town where death occurred 1 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 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) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>37</u>		<u>1</u>	<u>20</u>	

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) 7-31-33 Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nynona Ill

13. NAME D. H.

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

15. MAIDEN NAME DIC

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DIC

17. INFORMANT Telford Brooks (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell DATE 8-1 1933

19. UNDERTAKER R. E. Smith (ADDRESS) _____

20. FILED 6-10-33 Opel Theels Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31-1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Killed by gun shot, wound to chest
Dr. H. Denton
Date of onset _____

Other contributory causes of importance: 184 1914

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 Sh. H. Denton M. D.
(Signed) _____
(Address) Wardell 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.

NOV 26 1933

MOTHER FATHER OCCUPATION

