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 10 1933

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

Do not use this space.

32238

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. [illegible] — Registered No. 993

City St, Joseph Mo (No. 1419 North 12th St St. Ward)

2. FULL NAME Julia Pennington

(a) Residence, No. 1419 North 12th St St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (write the word): Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Frank Pennington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 3, 1867

7. AGE: Years 66 — Months 2 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 91
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankfurt Kentucky

FATHER

13. NAME: Roy Griffith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baton Rouge La

MOTHER

15. MAIDEN NAME: Mathile Blakely
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Charleston West Virginia

17. INFORMANT (ADDRESS): Frank Pennington 1419 North 12th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cem DATE: 10-10-33

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

20. FILED: OCT 10 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 7, 33, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1933, to Oct 7, 1933

I last saw her alive on Oct 12, 05A 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:

Acute Endocarditis and Acute Indigestion (Cause of Indigestion unknown) — Date of onset

Other contributory causes of importance: Acute Indigestion

Name of operation — Date of

What test confirmed diagnosis? Observation Was there an autopsy? None

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) Dr J R G Crossland, M. D.

(Address) 720 S 2nd St Joseph Mo