

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

Do not use this space.

37149

**1. PLACE OF DEATH**

64 County Marion Registration District No. 547  
 1 Township Mason Primary Registration District No. 3279  
 8 City Hannibal (No. 510, Central) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 323

**2. FULL NAME**

William Thomas Jefferson Pennessell

(a) Residence, No. 510 Central 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 Mary Pennessell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 5 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Snow Hill Maryland

13. NAME Wesley Pennessell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data Maryland

15. MAIDEN NAME Mary Jarman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data Maryland

17. INFORMANT (ADDRESS) Miss Virginia Pennessell 510 Central Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Nov. 12, 1933

19. UNDERTAKER (ADDRESS) Wm M. Smith 902 Broadway Hannibal, Mo

20. FILED Nov 10, 1933 W. H. Lobster Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1933 to Nov 5, 1933

I last saw him alive on Nov. 5, 1933 Death is said to have occurred on the date stated above, at 4:45 a.m.

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

decompensation due to chronic myo condition  
136  
930  
 Other contributory causes of importance:  
acute rheumatoid arthritis  
long mileage (not Fall travel)

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? no

If so, specify (Signed) Wm. H. Hayes, M. D.  
 (Address) Hannibal Mo

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.

2529

