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.

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

Do not use this space.

38494

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. City Hosp # 2 St. ..... Ward)

File No. .....

Registered No. 10157

2. FULL NAME Harry Pennewell

(a) Residence, No. 3336 Laclede St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 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 Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-9-1889

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44		3	13	

OCCUPATION

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

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) Penn.

FATHER

13. NAME George Pennewell

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

MOTHER

15. MAIDEN NAME Rodie Purnell

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

17. INFORMANT (ADDRESS) Esther Mayo Sherard City Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park Nov 26, 1933

19. UNDERTAKER (ADDRESS) Theo. Perkins 3307 Lucas ave

20. FILED 2 1933, 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1933, to 11-22-, 1933

I last saw him alive on 11-22-, 1933 Death is said to have occurred on the date stated above, at 5:10 p.m.

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

	Date of onset
Chronic Nephritis	11-15-33
131	
936	
137	

Other contributory causes of importance:

Chronic Myocarditis

Hypertension

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 .....

(Signed) R. Smith, M. D.

(Address) City Hospital No. 2