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.

MAY 21 1935

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

Do not use this space.

12043

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 475
City St. Joseph, (No. 1314 Penn Street St. Ward)

2. FULL NAME Thomas Fletcher Penington
(a) Residence, No. 1314 Penn Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary A. Penington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August. 7. 1854.

7. AGE: YEARS 80 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Cabinetmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Midwest Furniture Co
10. Date deceased last worked at this occupation (month and year): 1927
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Milton, Iowa.

FATHER
13. NAME: Benjamin Penington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Philadelphia, Pennsylvania

MOTHER
15. MAIDEN NAME: Elizabeth Coger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

17. INFORMANT (ADDRESS): Mary A Penington 1314 Penn Street St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Milan, Missouri DATE: April. 29, 1935

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Street St. Joseph, Mo.

20. FILED 4-27, 1935 John R Bowden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934 to Apr 23, 1935
I last saw him alive on Apr 23, 1935. Death is said to have occurred on the date stated above, at 12/20 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas. — Date of onset: ?

Other contributory causes of importance:

Name of operation: None — Date of
What test confirmed diagnosis? Clin — Was there an autopsy? no

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) Frank L Hartegan, M. D.
(Address) Kinpalace Bldg.