

DEC 26 1935

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

Do not use this space.

36126

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township RAW Primary Registration District No. 1002
City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL) St. _____ Ward _____
File No. _____
Registered No. 1050

2. FULL NAME MRS. JUSTINE M. PENNINGTON

(a) Residence, No. 2015 SUMMIT 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. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 EDWARD J. PENNINGTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-28-1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 0 16

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.
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) MISSOURI13. NAME TANDY M. HULEN14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI15. MAIDEN NAME MARY V. CUNNING16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS17. INFORMANT MR. EDWARD J. PENNINGTON
(ADDRESS) 2015 SUMMIT ST.18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. WASHINGTON DATE NOVEMBER 15, 193519. UNDERTAKER D.W. NEW GOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.20. FILED NOV 15 1935 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 13, 1935

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

I last saw h_____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:25 P.M.

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

Septicemia
WKS
Contributory cause of importance
Peritonitis

Date of onset

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.

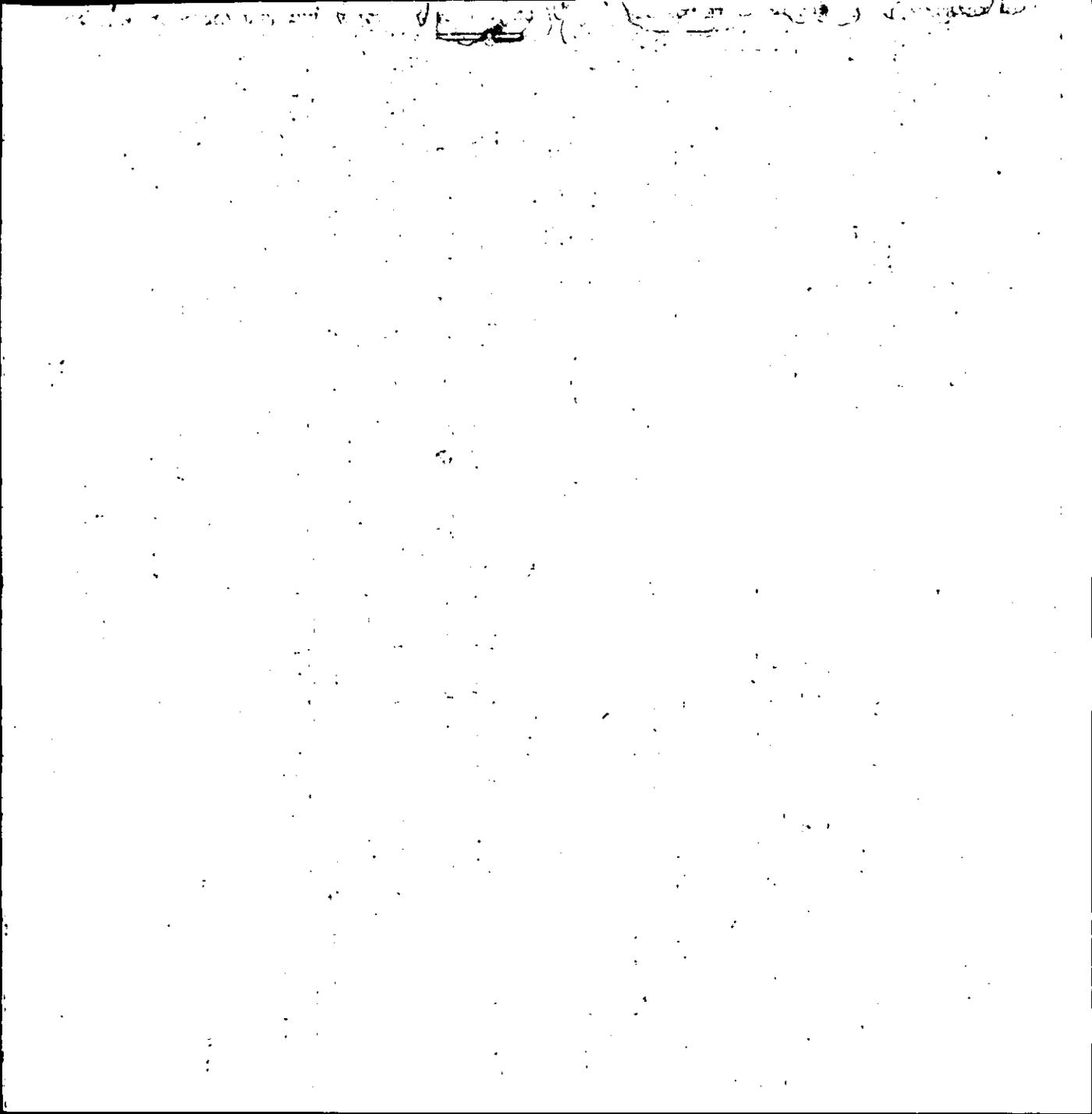
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. M. Brown M. D.(Address) 818 Realk Bldg



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 4350
City..... (Not for use in Hospitals) St..... Ward.....

2. FULL NAME

Mrs Justice M Pennington

(a) Residence, No..... 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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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.

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 11-15-35 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-8-35 to 11-13-35, 1935

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:

Septicemia (puerperal) Date of onset

Other contributory causes of importance:

Septicemia

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.....

(Signed) M. J. Swartz, M. D.

(Address) 815 Real Estate Bldg.

SUPPLEMENTARY

REGISTRATION SHALL BE COMPLETED AS PRESCRIBED BY LAW. CERTIFICATE NO. 1

5-36/26