

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BARRY
Township EXETER
City EXETER

Registration District No. 34
Primary Registration District No. 6239

File No. 30032
Registered No. 13
St. _____ Ward _____

2. FULL NAME MARTHA R. 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 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	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 James Pennington		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 1955		
7. AGE YEARS 35 7 22	MONTHS 5	DAYS 6
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper
	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) **Seligman Mo**13. NAME **John Mc Collum**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **D.K. Tenn.**15. MAIDEN NAME **Elizabeth West**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **D.K. D.K.**17. INFORMANT **James Pennington**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE **New Salem** DATE **8/29** 193719. UNDERTAKER **Barr and Blankenship**
(ADDRESS) **Exeter Mo**20. FILED **8-29-37** 1937 **Mrs. H. P. Searcy**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug-27-1937** 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3 1937 to August 27 1937
I last saw h. alive on Aug 24 1937 Death is said to have occurred on the date stated above, at 12.30 P.M.
The principal cause of death and related causes of importance were as follows:

valvular lesion of heart, neuropathies & general debility
Date of onset _____

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? none 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 _____ 1937

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) W. Blankenship M. D.(Address) Exeter 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.

