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

MAR 17 1936

Do not use this space.

1947

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 129
Township Shawnee — Primary Registration District No. 5185
City ..... (No. ..... St. ..... Ward) — File No. ..... Registered No. 3

2. FULL NAME Georgia Penrod

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

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	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — ~~HUSBAND OF~~ (OR) WIFE OF William Penrod

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 3rd 1857

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	1	7	

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. Home

10. Date deceased last worked at this occupation (month and year) January 1936 — 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hot Springs Arkansas

FATHER

13. NAME John Mc Cain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Arkansas

MOTHER

15. MAIDEN NAME Susie Holloway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Arkansas

17. INFORMANT (ADDRESS) August Hesse Valley Landing

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethel Cem. DATE 2-12- 1936

19. UNDERTAKER Hangen Funeral Home
(ADDRESS) Cape Girardeau Mo

20. FILED 2-11- 1936 E. J. Schoene
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10th 1936

22. I HEREBY CERTIFY, That I attended deceased from February 6th 1936 to February 10th 1936
I last saw h[illegible] alive on February 9th 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar — Date of onset 4th day

Other contributory causes of importance:

Name of operation None — Date of ....
What test confirmed diagnosis? X Ray — 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) Theodore Fischer, M. D.
(Address) Altenburg 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD