

SEP 27 1927

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

Do not use this space.

23784

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 11 Primary Registration District No. 3009
City " (No. ") St. " Ward "

File No. 921
Registered No. _____

2. FULL NAME

Jimmie Janice Patrick
(a) Residence No. 10 So Spanish 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13th 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 4 7 = min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) " "
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Moorehaus
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Milvin Patrick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Todd CO
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Virginia Stevens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Charleston
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr Patrick
(Address) 10 So Spanish

15. FILED 8/24, 1927 W. H. Haupp REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1927, to Aug 23, 1927, that I last saw him alive on Aug 23, 1927, and that death occurred, on the date stated above, at 4:30 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enterocolitis

12010 1140
CONTRIBUTOR (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. A. Schwen, M. D.
8-24, 1927 (Address) Cape Girardeau Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Farmont Cem DATE OF BURIAL 8-24 1927

20. UNDERTAKER Al Burkoff ADDRESS Cape Gir-

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.

