NOV 22 1928

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

Do not use this space.

35711

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township — Primary Registration District No. 3038 — Registered No. 162
City Marshall (No. ..... St. ..... Ward)

2. FULL NAME Mary Anne Pate
(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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF: William Harrison Pate

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 19 1888

7. AGE: Years 40 — Months 8 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bowling Green
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: James William Rodgers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER: Cadelia L. McMillin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

14. INFORMANT (Address): James S. Rodgers

15. FILED 10-20 1928 Mrs John H. McGuire, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10 - 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928, to Oct 14, 1928, that I last saw her alive on 10-14, 1928, and that death occurred, on the date stated above, at 5 55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolus
IIIA
..... (duration) ..... yrs. ..... mos. 30 minutes

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? yes
DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-2-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Robt W. Cingsby, M. D
10-14, 1928 (Address) Marshall 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: Ridge Park Cem. — DATE OF BURIAL: Oct. 19 1928

20. UNDERTAKER: L. R. Vandiner — ADDRESS: Marshall 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.