

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

Do not use this space.

13792

**1. PLACE OF DEATH**

County Barton  
Township Ozark  
City Minden (No. ....)

Registration District No. H 1  
Primary Registration District No. 5062

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Benjamin Franklin Patrick

(a) Residence, No. Minden St., .... Ward. ....  
(Usual place of abode)

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 Male 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 Oliver Patrick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1, 1859

7. AGE YEARS MONTHS DAYS <sup>6</sup> If LESS than 1 day, .... hrs. or .... min.  
70 2 29

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

9. BIRTHPLACE (CITY OR TOWN) Greenup  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Sam Patrick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Ranna Sayman

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

14. INFORMANT Melvin L Patrick  
(Address) Minden, Mo.

15. FILED 5/10, 1929 F. R. Spill  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 13 1929, to Apr 30 1929, that I last saw him alive on Apr 30, 1929, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diabetes Mellitus  
(duration) 7 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) 5 (duration) .... yrs. .... mos. .... da.

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

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Blood & urine  
(Signed) L. A. Keller, M. D.

Apr 30, 1929 (Address) Pittsburg, Va.

\*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 Mt. Oliv Cem Pittsburg DATE OF BURIAL 5-3 1929

20. UNDERTAKER Smith-Brenner Pittsburg ADDRESS

WRITE FULLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

2  
2  
31

