NOV 21 1930

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

Do not use this space.

22090-A

1. PLACE OF DEATH
County: Butler
Township: Ash Hill
City: Broseley, Mo (No. ..., ..., St. ..., Ward)
Registration District No.: 238
Primary Registration District No.: 3-134-e
File No.:
Registered No.: 14

2. FULL NAME: Rabie Patricia Joan Pace

(a) Residence. No. 1 Fisk Mo 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.

22090-1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 22-1930

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: 0
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Fisk
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: John Pace
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Gladys Death
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mo
(STATE OR COUNTRY)

14. INFORMANT: John Pace
(Address): Broseley Mo

15. FILED 7/15, 1930 Beatrice Breathouer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-14th 1930

17. I HEREBY CERTIFY, That I attended deceased from —, 19..., to /, /, 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Had no Dr.
Bowels trouble
119h. (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): 13 (duration) ... yrs. ... mos. ... ds.

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?
(Signed) V. L. Breathouer, M. D.
7/15th. 1930 (Address) Fisk 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: Ash Hill
DATE OF BURIAL: 7-15th 1930
UNDERTAKER: F. N. Franck
ADDRESS: Poplar Bluff 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