

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

Do not use this space.

27638

AUG 26 1930  
9:07 AM

**PLACE OF DEATH**

County Randolph  
Township Sugar Creek  
City Moberly (No. \_\_\_\_\_)

Registration District No. 735  
Primary Registration District No. 3034

File No. \_\_\_\_\_  
Registered No. 386  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Robert Edward Patrick

(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 male 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) Jan 12 1929

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.  
1 6 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Moberly  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Cecil Patrick

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

12. MAIDEN NAME OF MOTHER Bonnie Eason

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

14. INFORMANT Cecil Patrick  
(Address) 1401 Wright Ave.

15. FILED 8/10 1930 Dr. J. H. & Fleming  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1930, to Aug 9 1930, that I last saw him alive on Aug 9 1930, and that death occurred, on the date stated above, at 5<sup>25</sup> P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Bacter. Enteritis  
119B  
109A

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) pneumonia

(duration) yrs. mos. 3 ds.

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF BIRTH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) H. C. Griffith M. D.  
8-10, 1930 (Address) Moberly 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 Huntsville Mo. DATE OF BURIAL Aug 11 1930

20. UNDERTAKER Courtland Minor ADDRESS 520 W. Rollins

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.

