NOV 21 1930

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

Do not use this space.

32169

35

1. PLACE OF DEATH

County Buchanan. Registration District No.

Township Primary Registration District No. 1001

City St. Joseph (No. St. Joseph Hospital St. Ward)

File No.

Registered No. 1150

2. FULL NAME Patrica Ann Haight

(a) Residence. No. 1218 No. 8th 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. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 9,1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	0	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St.Joseph
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Elza E. Haight

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Frieda Lester

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

14. INFORMANT Elza E.Haight
(Address) 1218 No.8 st.-St.Joseph Mo.

15. FILED OCT 21 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1930 to Oct 21, 1930 that I last saw her alive on Oct 21, 1930 and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malnutrition

158

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) Albumenuria in Mother (duration) yrs. mos. ds.

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? Clinical

(Signed) B.W. Soothaker, M. D.

Oct.21, 1930 (Address) P & S Bldg.

*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	DATE OF BURIAL
Mt.Olivet Cemetery	Oct.21 1930
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union St.

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.