

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

Do not use this space.

40339

PLACE OF DEATH

County Putnam Registration District No. 668
 Township Flat Creek Primary Registration District No. 5891
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 833

2. FULL NAME John M. Patrick
 (a) Residence, No. Route 7 Sedalia St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda M. Patrick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28 - 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 9 29

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

9. BIRTHPLACE (CITY OR TOWN) Lake Creek
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER William M. Patrick

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

12. MAIDEN NAME OF MOTHER Debbie May

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

14. INFORMANT John S. M. Patrick
 (Address) Route 7 Sedalia Mo

15. FILED 12-29-30 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to Dec 27, 1930, that I last saw him alive on Dec 27, 1930, and that death occurred, on the date stated above, at _____ m.

1. THE CAUSE OF DEATH* WAS AS FOLLOWS:
82.8
Cerebral Hemorrhage
(Paralysis)
 (duration) _____ yrs. mos. ds. 3 ds.

CONTRIBUTORY (SECONDARY) not known
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
 (Signed) Alfred E. Morrow, M. D.

Dec 29 1930 (Address) 111 W 4 Sedalia 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 Pleasant Hill Ch. Putnam Co DATE OF BURIAL 12/29 1930

20. UNDERTAKER M. S. Laughlin Bros ADDRESS Sedalia 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.

29 Moore
JAN 21 1931

