

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

Do not use this space.

28574

**1. PLACE OF DEATH**

County Jasper Registration District No. 40 2  
 Township ..... Primary Registration District No. 3020 File No. ....  
 City Carthage (Name Carthage Brooks Hospital) St. .... Ward)

**2. FULL NAME**

Mildred Patterson Uber  
 (a) Residence, No. Kendrickston Pl. 6 Ward. .... (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 Female 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 John Uber  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1910  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
21 2 27  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... House Wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Everton Mo.

13. NAME J. C. Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Mo

15. MAIDEN NAME Mary Sparks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT John Uber

18. BURIAL, CREMATION, OR REMOVAL PLACE Furshin Cemetery 8/9/31

19. UNDERTAKER (ADDRESS) Blum - Drake Carthage Mo.

20. FILED 8/9 1931 E. H. Hatcher Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/6 1931 to 8/7 1931  
 I last saw him alive on Aug 7 1931 Death is said to have occurred on the date stated above, at 1:45 P.M.  
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset Jan 1931  
5959  
 Other contributory causes of importance: Diabetic Coma Aug 7

Name of operation none Date of operation .....

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Y

If so, specify .....

(Signed) A. A. La Force M. D.

(Address) Carthage Mo

WHITE PLAIN, WITH UNFOLDING INSTRUMENTS IS A FULLY COMPLIANT WITH THE REQUIREMENTS OF THE ACT. PHYSICIANS SHOULD STATE EXACTLY. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. AUG 26 1931

