

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

18955

1. PLACE OF DEATH  
 19 County Moan Registration District No. 157  
 Township Pleasant Hill Primary Registration District No. 5221  
 City Pleasant Hill (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Patrick H Mariatt  
 (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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 7  
 Registered No. 20

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 11 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Mo

FATHER 13. NAME Andrew J Mariatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magland

MOTHER 15. MAIDEN NAME Synth Birthe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 31

17. INFORMANT (ADDRESS) Leon Mariatt Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE June 26 1932

19. UNDERTAKER (ADDRESS) Wm. M. T. Pleasant Hill Mo

20. FILED June 25 1932 Z. B. Murray M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to June 24 1932  
 I last saw him alive on June 24 1932 Death is said to have occurred on the date stated above, at 10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocardial Regeneration infarction

Other contributory causes of importance: Q

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chromal 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) C. L. Conrad, M. D.  
 (Address) Pleasant Hill Mo

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