

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

Do not use this space.

35279

1. PLACE OF DEATH

County Dunklin
Township Clay
City Harrowsville (No. _____)

Registration District No. 287
Primary Registration District No. 4171

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

Minnie Pate

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>23</u>	<u>10</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2351
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 1

13. NAME Van Brawn

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

15. MAIDEN NAME Mollie Kutane

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

17. INFORMANT M. Pate
(ADDRESS) Harrowsville

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrowsville DATE 11-24 1932

19. UNDERTAKER Baldern and Co
(ADDRESS) Harrowsville Mo

20. FILED 11/22 1932 O. S. Cape

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from Sept 15 1932 to Nov 21 1932

I last saw him alive on Nov 21 1932 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Date of onset) 11/18
Following
Supercar

Other contributory causes of importance:
Chronic nephritis

Name of operator H. O. Jones Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify O. S. Cape (Signed) _____ M. D.

(Address) Harrowsville

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.

WRITE FORMS WITH INK—THIS IS A PERMANENT RECORD

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