

Severn

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

Do not use this space.

38792

1. PLACE OF DEATH

17 County Garrett Registration District No. 195-
3 Township Genesee Primary Registration District No. 3010
4 City Garrettsville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 109-

2. FULL NAME Lavinia Pattie

(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 Z 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 Wid. Pattie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 X 1

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) Columbia Ohio

13. NAME Adam Auller

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

15. MAIDEN NAME Nancy Patton

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

17. INFORMANT (ADDRESS) S. E. Pattie Garrettsville Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Hill DATE 12-29 1932

19. UNDERTAKER (ADDRESS) Stanley Garrettsville Mo.

20. FILED 12-27 1932 Mrs. E. E. F. Graham (Address) Garrettsville, Mo.
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1933, to 12-26 1932
I last saw her alive on 12-25 1932. Death is said to have occurred on the date stated above, at 5:00 p. m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Subar
11A 46 B
109
Other contributory causes of importance:
Influenza
Chr. Cardio Pulmonary Disease
Carcinoma of Stomach

Name of operation _____ 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 _____, 1932
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 _____
(Signed) H. B. Severn, M. D.
Garrettsville, Mo.

WITH UPDATING 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.

JAN 22 1933

