

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

Do not use this space.

39628

262
5364
5364

133 1933
32

1. PLACE OF DEATH

County DeKalb
Township Poer
City _____ (No. _____)

Registration District No. 5364
Primary Registration District No. 262

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

2. FULL NAME

Jessie Pattonoff

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Widowed

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

Nov 18 - 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

71 0

22

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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

10. NAME OF FATHER

John H. Pattonoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Mary A. Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

14. INFORMANT

(Address)

John H. Pattonoff
Union Star, Mo.

15. FILED

12-12-33

E. M. Reynolds
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

December 10 1933

17.

I HEREBY CERTIFY, That I attended deceased from

Dec 10, 1933, to Dec 10, 1933.

that I last saw him alive on Dec 10, 1933, and that death occurred, on the date stated above, at 4 - P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute cholecystitis (Rupture of gall bladder)

12-7-33 (duration) _____ yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

12-7-33 (duration) _____ yrs. mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Arthur E. Rockwell, D.O.

12/11, 1933 (Address) Union Star, 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

DATE OF BURIAL

Oak Grove

12/12 1933

20. UNDERTAKER

E. M. Davis - Blair, 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.

