

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

Do not use this space.

17402

File No. 12
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Macou
Township Ringer
City _____ (No. _____)

Registration District No. 534
Primary Registration District No. 5717

2. FULL NAME

Donna Dean Patriak

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u>2</u> hrs. or <u>5</u> min.
	0	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Macou in mo

13. NAME Jeff H. Patriak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe in mo

15. MAIDEN NAME Silver Edith Beale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou in mo

17. INFORMANT (ADDRESS) Jeff H. Patriak

18. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS) _____

20. FILED May 14, 1934 Oocrest Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1934, to May 13, 1934

I last saw her alive on May 13, 1934. Death is said to have occurred on the date stated above, at 11:35 a.m.

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

Instantaneous Delivery
1600
1600
Date of onset May 13

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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

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 _____

(Signed) Oocrest M. D.
(Address) New Ambler 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.

JUN 23 1934

