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.

AUG 16 1934

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

Do not use this space.

File No. 23635

Registered No. 421

1. PLACE OF DEATH

County: Cass — Registration District No. 156

Township: Grand River — Primary Registration District No. 1090

City: Harrisonville (No. ..., ... St. ..... Ward)

2. FULL NAME: Catharine C Patrick

(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 40 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John W. Patrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 10 1871

7. AGE: Years 62 | Months 10 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.:

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): Cass Co Mo

FATHER

13. NAME: Major L Fletcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Francis Lindley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Leslie P. Moore, Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Grant — DATE: 7/6 1934

19. UNDERTAKER (ADDRESS): Rennebarger Bros Rev, Harrisonville Mo.

20. FILED: July 5th 1934 D. B. Fowler, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1934 to July 4, 1934

I last saw her alive on July 4, 1934. Death is said to have occurred on the date stated above, at 12:00 P.m.

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

	Date of onset
Chronic Nephritis with Acute Convulsions	
1531	
4-2-13	

Other contributory causes of importance:

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 ....., 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) J. W. Scott, M. D.

(Address) Harrisonville Mo