Dr. Marshall

OCT 16 1934

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

Do not use this space.

1. PLACE OF DEATH 67
County Mississippi
Township Chivalry
City ~~[illegible]~~ (No. ..... St. ..... Ward)

Registration District No. 566
Primary Registration District No. 5762

File No. 33454
Registered No. 140

2. FULL NAME Patrick Meldon Dean
(a) Residence, No. RFD #3 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Dean
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1873
7. AGE YEARS 61 MONTHS 5 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 6

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) James P. Dean R#3 Charleston, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Eddyville Ky. DATE Sept. 26 1934
19. UNDERTAKER (ADDRESS) Frank Lair Funeral Service Charleston, Mo.
20. FILED 9/25/ 1934 J D Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25 1934 7:45 A.M.

22. I HEREBY CERTIFY, That I attended deceased from sept 25th, 19..., to sept 25th, 1934
I last saw him alive on sept 23rd, 1934 Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:

Arterio sclerosis and general disability
Old age

Date of onset

Other contributory causes of importance:

97

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) A. H. Marshall, M.D.
(Address) Charleston Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.