

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.

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

Do not use this space.

OCT 16 1934

38253

1. PLACE OF DEATH

County Stoddard Registration District No. 840
Township North Creek Primary Registration District No. 61.22
City Edinburg (No. _____) St. _____ Ward _____

File No. _____
Registered No. 51
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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 <u>♀</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Impacted</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-7-12 '34</u>		
7. AGE YEARS	-MONTHS	DAYS
	<u>6</u>	<u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Clifford Patten</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Edna Parks</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Geo. Parks</u> (ADDRESS) <u>Dudley R. 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cemetery</u> DATE <u>10/13</u> 19 <u>34</u>		
19. UNDERTAKER <u>Historic White</u> (ADDRESS) <u>Pacific & Pine</u>		
20. FILED <u>Oct 3</u> 19 <u>34</u> <u>G. L. Hope</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 of 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/29/34 1934, to 1 of 2nd 1934
I last saw her alive on 1 of 2nd 1934 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset 9-29-34
107.0
107.0
Other contributory causes of importance:
Acute Bronchitis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 9-29-34
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? no
If so, specify _____
(Signed) S. S. Davis M. D.
(Address) Dudley R. 2

