

1 JUL 20 1935

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

Do not use this space.

19331

1. PLACE OF DEATH

County Sorens  
Township Patterson mo  
City Patterson mo (No. ....)

Registration District No. 257  
Primary Registration District No. 4154

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Patterson mo St., mo 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph York 879. 8-11-02</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1877-8 nov</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>57-</u>	<u>7-</u>	<u>10</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>P.R. Declan Hunt</u>
	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) Sorens Co mo

13. NAME Cornelius York

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Lucinda J. Hofman

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

17. INFORMANT (ADDRESS) Mrs. Chas. York Nephew

18. BURIAL, CREMATION, OR REMOVAL PLACE J. C. G. G. DATE June 19 1935

19. UNDERTAKER (ADDRESS) J. C. G. G. Patterson mo

20. FILED June 20, 1935 Warren C. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12 1935 to June 18 1935

I last saw him alive on June 18 1935 Death is said to have occurred on the date stated above, at 6 A. m.

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

Paralysis June  
thrombosis of  
Cerebral artery R.

Other contributory causes of importance:  
Cerebral thrombosis  
Indurated

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) John F. Kester M. D.  
(Address) Patterson 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.

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