OCT 30 1935

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

Do not use this space.

31488

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township — Primary Registration District No. 6248 B — Registered No. 329
City Jefferson Barracks (No. Mo Veterans Hospital St. Ward)

2. FULL NAME Jack Padgett
(a) Residence, No. 2249 Lee ave 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. 2 yrs ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Orlean Clark Padgett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th 1888

7. AGE: Years 47 — Months 3 — Days 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heater in Strl Mill
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Strl
10. Date deceased last worked at this occupation (month and year) Friday Sept 13th 1935
11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute, Ind

FATHER
13. NAME Harry Padgett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Mary Dickenson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Wife Orlean Padgett
(ADDRESS) 2249 Lee Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Granite City Ill DATE Sep 19 1935

19. UNDERTAKER J. E. Spencer
(ADDRESS) Granite City Ill

20. FILED Sept 19 1935 L. Moberly Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 17th 1935, to Sept 18th 1935
I last saw him alive on Sept 18th 1935. Death is said to have occurred on the date stated above, at 8:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	9-16-35
with operation for same	

Other contributory causes of importance: none

Name of operation Abdominal Section Date of 9/18/35
What test confirmed diagnosis? Physical 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 ....., 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? no
If so, specify
(Signed) Alan D. Walter, M. D.
(Address) U.S. Veteran Administration Facility Jefferson Barracks Mo

INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENT

Do not use this space.

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

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No.
Township — Primary Registration District No. 6248B — Registered No. 329
City Jefferson Brks (No. , St. Ward)

2. FULL NAME Jack Padgett
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE — YEARS: 47 — MONTHS: 3 — DAYS: 9 — 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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Sept 19, 1935 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction — Date of onset
No further information

Other contributory causes of importance:
Due to intra abdominal adhesions with thrombosis of mesenteric vessels

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) Allen T Walker M. D.
(Address) US Vet adm facilities Jefferson Brks Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

106M-11-24-33

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