Dr. Rowling

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

Do not use this space.

2186

FEB 20 1936

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township Tywappthy — Primary Registration District No. 5762 — Registered No. 7
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Herbert Dean Patrick
(a) Residence, No. Charleston, Mo St., ... Ward. (If nonresident, give city or town and State)
(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 M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3 - 1934

7. AGE YEARS 1 MONTHS 2 DAYS 8 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) Mississippi, Co. Mo

FATHER
13. NAME Evertt Patrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Co. Ky.

MOTHER
15. MAIDEN NAME Mary Lee Houston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT (ADDRESS) Evertt Patrick Charleston, Mo. Rt. 3

18. BURIAL, CREMATION, OR REMOVAL
Colony Catholic, Cem. DATE Jan. 15, 1936

19. UNDERTAKER (ADDRESS) Travis N. Shelly East Prairie, Mo

20. FILED Jan 15, 1936 F D Vernon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to Jan 15, 1936
I last saw h. M alive on Jan 15, 1936. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia following Acute Bronchitis	1/2/36

Other contributory causes of importance:

10p

Name of operation none Date of
What test confirmed diagnosis? Cl. Sympt. 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) E. Chas Rowling, M. D.
(Address) Charleston, 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.