

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.

JUL 25 1936

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

Do not use this space.  
23831  
187  
185  
File No. 185  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH *Pettis*  
County \_\_\_\_\_ Registration District No. *668*  
Township \_\_\_\_\_ Primary Registration District No. *3002*  
City *Sedalia* (No. *512 E 5*)  
2. FULL NAME *Medred C Pate*  
(a) Residence, No. *512 E 5* 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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *W. B. Pate*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 28, 1905*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*31 1 10*

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) *Cole Camp Mo*

MOTHER  
13. NAME *Dick Brunjes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cole Camp Mo*

15. MAIDEN NAME *Augusta Krusel*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cole Camp Mo*

17. INFORMANT *W. B. Pate* (ADDRESS) *Sedalia*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mem Park* DATE *June 10 36*

19. UNDERTAKER *M. Langhin Bros* (ADDRESS) *Sedalia*

20. FILED *June 10 1936* *Jean Black* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 8, 1936*  
22. I HEREBY CERTIFY, That I attended deceased from *Mar 17, 1936, to June 8, 1936*  
I last saw him alive on *June 8, 1936*. Death is said to have occurred on the date stated above, at *8 P. M.*  
The principal cause of death and related causes of importance were as follows:

*Coronary occlusion*  
*MI*  
Other contributory causes of importance:  
*Purpura gangrenosa with peritonitis. Abdominal organs drained.*  
Date of onset *May 10 1936*

Name of operation *Heart operation* Date of *May 11, 1936*  
What test confirmed diagnosis? *Chem. & Histology* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *h* 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. *h*  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify \_\_\_\_\_  
(Signed) *J. H. H. H.*, M. D.  
(Address) *Sedalia Mo*

