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.

DEC 30 1936

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

Do not use this space.

42081

1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 651
Primary Registration District No. 5862

File No. .....
Registered No. 184

2. FULL NAME May Louise Patric

(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. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	5	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) New Surrey Mo

FATHER
13. NAME Curtis Patric
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O.K.

MOTHER
15. MAIDEN NAME Ehelena Haskins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Hall Ark.

17. INFORMANT (ADDRESS) Ehelena Patric General Del Caruthersville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caruthersville DATE Nov. 27 1936

19. UNDERTAKER (ADDRESS) Friends Caruthersville, Mo.

20. FILED Nov. 27 1936 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ on Nov. 27, 1936, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:47 A.m.

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

Death from natural causes seemed to developed a cold about a week previous

Date of onset

Other contributory causes of importance

1040

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? No
If so, specify .....

(Signed) Jack Kelley Coroner, ~~M.D.~~
(Address) Hayti Mo.