APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 8 — File No.: 11251

Township: Washington — Primary Registration District No.: 100 — Registered No.: 362

City: St. Joseph (No. Mo. Meth. Hospital St. ..... Ward)

2. FULL NAME Patrick Irwin Stubbs

(a) Residence, No. M. E. Hospital St., ... Ward. Camden Point Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	—

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 - 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
New	Born	—	3	

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) St Joseph, Mo.

FATHER

13. NAME Nelson J. Stubbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

MOTHER

15. MAIDEN NAME Esther Florence Acker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wooster, Ohio

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camden Point DATE Mch. 21 1937

19. UNDERTAKER (ADDRESS) Lucian Davis Dearborn Mo.

20. FILED 3/20 1937 H J Matthews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1937, to Mar. 20, 1937

I last saw him alive on Mar. 20, 1937. Death is said to have occurred on the date stated above, at 2:20 P.m.

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

	Date of onset
atelectasis of Lungs	

Other contributory causes of importance:

161a

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin 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? .....

If so, specify no.

(Signed) E. E. Wadlow, M. D.

(Address) 620 Francis St, St Joseph

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

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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