

MAY 20 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Do not use this space.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Registration District No.

318

File No.

16344

Township

Primary Registration District No.

2001

Registered No.

0317

City

No.

1725 W Atlantic

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

City

State

1725 W Atlantic

Ward

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

April 13th 1937

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

name of deceased

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

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

Feb 29 1874

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 11:30 a.m.

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

62

0

14

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

Angina Pectoris
She had suffered from this condition for several years.
She died suddenly.
Other contributory causes of importance: Atherosclerosis

Date of onset

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc.

housewife

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 Louis Mo

MOTHER

13. NAME

Etha Collier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis Mo

15. MAIDEN NAME

Carry Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis Mo

17. INFORMANT (ADDRESS)

Dr. J. M. Patten

18. BURIAL, CREMATION, OR REMOVAL

buried

19. UNDERTAKER (ADDRESS)

W. P. Patten

20. FILED

Apr 15 1937

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)

(Address)

M. D.

W. P. Patten, M. D.
Springfield, Mo.
Coroner of Greene County, Mo.

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.

23
22

