

JUN 12 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19034

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1007
City St. Louis Mo (No. St. Marys Hospital) St. _____ Ward _____
Registered No. 2238

2. FULL NAME Patricia Ann Chick
(a) Residence, No. Brookfield Mo 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 Female
4. COLOR OR RACE wht.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Missouri
13. NAME John W Chick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Theresa Wayner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
17. INFORMANT St. Marys Hosp. record (ADDRESS) H. C. Sp.
18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo DATE 5/17/37
19. UNDERTAKER Stine-McClure Co (ADDRESS) Kansas City Mo
20. FILED May 16 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1937
22. I HEREBY CERTIFY, That I attended deceased from May 6, 1937 to May 16, 1937.
I last saw him alive on May 16, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
107a
Date of onset 5/6/37
Other contributory causes of importance:
Gastric media pharyngitis
Name of operation None Date of _____
What test confirmed diagnosis? None 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 _____
(Signed) H. K. Dwyer M. D.
(Address) 406 W. 34 Kansas City, 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.

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