

JUL 26 1937

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

Do not use this space.

23228

1. PLACE OF DEATH

County..... BUCHANAN Registration District No.....
Township..... WASHINGTON Primary Registration District No. 1001
City..... ST. JOSEPH, (No. 6508 SOUTH THIRD ST., Ward)

File No. 23228
Registered No. 713
St. Ward

2. FULL NAME

PATRICK HENRY LOLLIS

(a) Residence, No. 6508 SOUTH THIRD ST., St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 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		MARRIED	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HUSBAND OF MARY ELIZABETH					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 12, 1859					
7. AGE YEARS		MONTHS		DAYS	
78		5		11	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FOREMAN					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SWIFT & COMPANY					
10. Date deceased last worked at this occupation (month and year) RETIRED 13 Yr occupation				11. Total time (years) spent in this occupation 32	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BRECKENRIDGE, MISSOURI					
13. NAME FOSTER FATHER, JAMES MANN					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND					
15. MAIDEN NAME UNKNOWN					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN IRELAND					
17. INFORMANT (ADDRESS) OSCAR LOLLIS ST. JOSEPH, MISSOURI					
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE JUNE 25, 1937					
19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH MO.					
20. FILED June 23, 1937 H. J. Nestlebusch Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 23, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937, to June 23, 1937. I last saw him alive on June 22, 1937. Death is said to have occurred on the date stated above, at 12:35 A.M. The principal cause of death and related causes of importance were as follows:
 Carcinoma of Prostate
 Fracture of neck of Femur
 Date of onset 2

Other contributory causes of importance:
 1960

Name of operation Cystectomy Date of May 22, 1937
 What test confirmed diagnosis? Clinische Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury June 1, 1937
 Where did injury occur? At home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. At home
 Manner of injury Fell on floor while walking
 Nature of injury Fracture of neck of femur

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify (Signed) J. J. Bausback, M. D.
 (Address) 825 1/2 Fred. Ave. St. Joseph, 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.

6