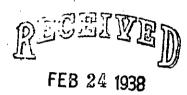
- * · · · · · · · · · · · · · · · · · ·	BOARD OF HEALTH ITAL STATISTICS ITE OF DEATH Do not use this space.
1. PLACE OF DEATH County Registration District Primary Registration	et No. 347 File No. 2887
2. FULL NAME Story Mulls (8) Residence, No.	d Van Patter "1" Ward.
(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If nonresident, give city or town and State) 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 DIVORCED (write the word) SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (QB) WHFE OF Core Van Patter	21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19.36 19.65 19
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 10 866 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated alove, at 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	1.1700
year) occupation	Other contributory causes of importance:
(STATE OR COUNTRY) 13. NAME William F. Van Patter 14. BIRTHPLACE (CITY OR TOWN) SEL,	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Wallace 16. BIRTHPLACE (CITY OR TOWN)	23. If death was due to external causes (yielence), fill in also the following: Accident, suicide, or homicide?
17. INFORMANT 17 Cora Van Catter (ADDRESS 53/5 Carter Cleanor rec	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury
18. BURIAL, CREMATION, OR REMOVAL PLACE PLACE TAKE DATE FLAT 10 13	Nature of injury
19. UNDERTAKER POSE SE TITE TONE (ADDRESS) 20. FILED TIMES 1938 L. Hamplin	If so, specify (Signed), M. D. (Address)
/ Registrar.	



BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

CHECKED IN RED PENCIL. BUREAU OF VI CERTIFICA 1. PLACE OF DEATH (a) County Registration Distric (b) Township Primary Registration (c) City (d) Street No.	St. occurred in Hospital or Institution, write its name instead of street and number) ds. (f) How long in U. S., if of foreign birth? yes. mos. ds. Uaw Pattero
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) FOLL 8 128
mivorced (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 CV 8 , 1938
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	22. I HEREBY CERTIFY, That I attended deceased from
(OR) WIFE OF	to ,19
8. DATE OF BIRTH (MONTH, DAY, AND YEAR)	I fast saw h
7. AGE YEARS MONTHS DAYS If LESS than 1	The principal cause of death and related causes of importance were as follows
7/ 10 28 day,hrs.	Date of onse
	Muniona
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc	
was done, as saw mill, bank, etc.	Townsel Vicunia
0 10. Date deceased last worked at this occupation (month and spent in this occupation)	
12. BIRTHPLACE (CITY OR TOWN)	ceer contributory causes of importance:
g L	n M
II 13. NAME	
14. BIRTHPLACE (CITY OR TOWN)	Name of operation Date of
(SINIE ON COUNTRY)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (violence), fill in also the following:
16. BIRTHPLACE (CITY OR TOWN)	Accident, suicide, or homicide? Date of injury, 19
S (STATE OR COUNTRY)	Where did injury occur? (Specify city or town, county, and State)
17. INFORMANT (ADDRESS)	(Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
•	Nature of injury
PLACE19	24. Was disease or injury in any way related to occupation of deceased?
19. FUNERAL DIRECTOR	If so, specify
· · · · · · · · · · · · · · · · · · ·	(Signed) // r od lemmas , M. D
20. FILED Feb 8 138 Da C P Hanekter	(Signed) (Address) (MAGA) (Address)