

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

3687  
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 662  
 (b) Township Paris Primary Registration District No. 5879 Registered No. 1  
 (c) City ..... (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Patot 330

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938

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

22. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 1938

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:00 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓  
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

Stillborn (cause unknown)  
 Date of onset ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

Other contributory causes of importance: .....

FATHER 13. NAME John Patot

Name of operation none Date of .....  
 What test confirmed diagnosis? Clipping Was there an autopsy? No

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

MOTHER 15. MAIDEN NAME Flora Boudoyer

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

Specify whether injury occurred in industry, in home, or in public place. ....

17. INFORMANT (ADDRESS) John Patot  
Mount Hope Mo

Manner of injury .....  
 Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Jan 29 1938

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....

19. FUNERAL DIRECTOR (ADDRESS) Y. J. ...  
Perryville

(Signed) Bernard T. Kram, M. D.  
Perryville, Mo  
 (Address) .....

20. FILED 1-30-38 1938 J. F. DeLaney  
 Local Registrar.

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Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Edward C. Young, Licensed Embalmer No. 2138

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Edward C. Young

Licensed Embalmer No. 2138

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)