

REC'D MAR 23 1938

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

7931
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township _____ Primary Registration District No. 3034 Registered No. 41
(c) City Moberly (d) Street No. 324 Morehead _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Mary Katherine Patrick 362

(a) Residence, No. 324 Morehead 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8th 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 6 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 013. NAME Gustav Busch 614. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 015. MAIDEN NAME Mary Fennel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Mrs Mary Busch
Moberly18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE Feb 15th 193819. FUNERAL DIRECTOR (ADDRESS) Wahlan and Son
Moberly Mo20. FILED Feb 15, 1938 Ethel Blanton
Local Registrar 662

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938, to Feb 17th 1938
I last saw h. alive on Feb 13 1938 Death is said to have occurred on the date stated above, at 7:50 m.
The principal cause of death and related causes of importance were as follows:

MyocarditisOther contributory causes of importance: 81
ParalysisName 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) J. Mandap _____, M. D.
(Address) Moberly Mo

9321

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
BUREAU OF HEALTH SERVICES
COLUMBUS, OHIO 43260-1001

STATEMENT BY LICENSED EMBALMER

I, Frank D DeWitt, Licensed Embalmer No. 3021

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

..... L. E.

No. or by Registered Apprentice No. 3

working under my personal supervision.

Signed Frank D DeWitt

Licensed Embalmer No. 3021

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7921
Do not use this space.

1. PLACE OF DEATH *Randolph*
(a) County *Randolph* Registration District No. *735*
(b) Township *Moberly* Primary Registration District No. *3034* Registered No. _____
(c) City *Moberly* (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 *Mary Katherine Patricia*
(a) Residence, No. *229 W. Market Moberly MO* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *M*
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 6 5

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

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 13* 19*55*

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

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Jan 1 1935

Other contributory causes of importance:

Paralysis Bulbar Cause unknown.

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) *J. Maddy*, M. D.

(Address) *Moberly MO*

PHYSICIANS should state CAUSE OF DEATH. STATEMENT OF OCCUPATION is very important. REGISTERS SHALL NOT REGISTER UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-7931.