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.

REC'D MAY 16 1938

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

Do not use this space.

1. PLACE OF DEATH
County Howard
Township
City Fayette (No. ..... St. ..... Ward)
Registration District No. 378
Primary Registration District No. 4222
File No. 14781
Registered No. 22

2. FULL NAME Willard Patrick Alias Charles White U. Sarney
(a) Residence, No. ..... 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 Male
4. COLOR OR RACE Negro.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/16/1898.
7. AGE YEARS 40 MONTHS 5 DAYS — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick yard.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.

FATHER
13. NAME Geo. Patrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo

MOTHER
15. MAIDEN NAME Mary Eaton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo

17. INFORMANT (ADDRESS) Clark Morrison Fayette Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. DATE 3-18 1938
19. UNDERTAKER (ADDRESS) G. S. Munson Fayette Mo.
20. FILED May 9 1938 V. C. Bonham Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16/38. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1938 to 3-16- 1938
I last saw him alive on 3-15-38 19 ..... Death is said to have occurred on the date stated above, at 8.50 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pulmonary Tuberculosis | 1936 |

Other contributory causes of importance: malnutrition, dehydration 1 wk

Name of operation none Date of .....
What test confirmed diagnosis? clinical 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? no
If so, specify .....
(Signed) D. L. Coffman, M. D.
(Address) Fayette Mo.

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