REC'D MAY 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Linn — Registration District No. 496 — File No. 15149
Township — Primary Registration District No. 3025 — Registered No. 29
City Brookfield, (No. McCarney Hospital St. Ward) 314

2. FULL NAME Patricia Lee Staples
(a) Residence, No. Highway 36, South St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1928

7. AGE: YEARS 9 — MONTHS 11 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 4-1-38
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wisconsin

FATHER
13. NAME Alfred L. Staples
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Mo.

MOTHER
15. MAIDEN NAME Neta Jessup
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winterset, Iowa

17. INFORMANT (ADDRESS) Mrs. A. L. Staples Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill Cem. DATE April 17 1938

19. UNDERTAKER (ADDRESS) Rusk Funeral Home Brookfield, Mo.

20. FILED May 10 1938 Jno H Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to April 13, 1938
I last saw her alive on April 13, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Whooping cough complicated with gastric hemorrhage and a begining pneumonic which was probably streptic. — Date of onset 4/1/38
Other contributory causes of importance: 9-

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) W. B. Simpson D.O.
(Address) Brookfield 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.