

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

REC'D JAN 14 1938

1. PLACE OF DEATH

County Buckner

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. 1)

Ms. Beth Hosp

42391

File No.

Registered No. 1271

St.

Ward

2. FULL NAME

Nattie Frances Aitkens

(AITKEN'S)

(a) Residence, No. Plattsburg, Mo. St.

(Usual place of abode)

Ward.

Plattsburg, Mo.

(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

F

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

J. Aitkens

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

April 4 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hra. ormin.

62

8

13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

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)

11. Total time (years) spent in this occupation

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

King City, Mo.

13. NAME

Frank Garrett

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

Indiana

15. MAIDEN NAME

Not known

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

Not known

17. INFORMANT (ADDRESS)

Bessie Amos Plattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Plattsburg Mo. DATE Dec 19 1938

19. UNDERTAKER (ADDRESS)

O'Brien & Son Plattsburg Mo.

20. FILED

Dec 17 1938 H. J. Heatlett Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 17 1938

22. I HEREBY CERTIFY That I attended deceased from

Nov 28 1938, to Dec 17 1938

I last saw her alive on Dec 17 1938 Death is said

to have occurred on the date stated above, at 5 P. m.

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

Pulmonary Embolism

Date of onset 12-17-38

Other contributory causes of importance:

Cholecystitis + cholelithiasis
Diabetes Mellitus

Name of operation Cholecystectomy Date of 1-1-35

What test confirmed diagnosis? Operative 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) Paul Ingrate, M. D.

(Address) St Joseph, Mo

