JAN 24 1939

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

Do not use this space.

File No. 43768

Registered No. 321

1. PLACE OF DEATH
County Marion
Township Mason
City Hannibal (No. Levering Hospital St. Ward)
Registration District No. 547
Primary Registration District No. 2029

2. FULL NAME Amanda E Patrick

(a) Residence, No. Bowling Green 1 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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30-1849

7. AGE YEARS 89 MONTHS 7 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) St. Louis Mo

FATHER
13. NAME Thomas W. Ustick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna

MOTHER
15. MAIDEN NAME Susan Ferguson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) B. R. Patrick

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bowling Green Cemetery DATE 11-16-1938

19. UNDERTAKER (ADDRESS) Grace Bankhead Bowling Green Mo

20. FILED Dec. 7, 1938 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1938, to 11-14, 1938

I last saw her alive on 11-14, 1938 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
General arteriosclerosis	1935
1 2	

Other contributory causes of importance:

Chronic myocarditis	1937
Myocardial failure	Nov 1938
Chronic nephritis	1938

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) Howard B. Gudrie, M. D.
(Address) Hannibal Mo

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.

X7044