FILED NOV 25 1940

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

Do not use this space.

36557

1. PLACE OF DEATH 20
County Stoddard Registration District No. 836 File No.
Township Elk Primary Registration District No. 6100 Registered No.
City (No. , St. Ward)

2. FULL NAME Patra Retha May Washington
(a) Residence, No. Parma Rural Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Mo. 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Infant.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22, 1934
7. AGE YEARS 6 MONTHS 2 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Parma Mo Route 1. 0

FATHER
13. NAME Willie Washington 3
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana 3

MOTHER
15. MAIDEN NAME Arla D. Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT (ADDRESS) Willie Washington
18. BURIAL, CREMATION, OR REMOVAL
PLACE Broad Water Country DATE 10-31-1940
19. UNDERTAKER (ADDRESS) T C Knight Parma Mo
20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30, 1940
22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1940, to 10-30, 1940
I last saw her alive on 10-28, 1940. Death is said to have occurred on the date stated above, at 3:39 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Gastro-enteritis	D.K.

120 P

Other contributory causes of importance:
Unknown

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) Edward Ford, M. D.
80 3 (Address) Parma, 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.

RECEIVED
District Health Officer No. [redacted]
District File Number 1140-1687
Date Filed 11/12/40

No. 2B
-2-21-40
1 X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36537

Registration District No. 836 Primary Registration District No. 6100 Registrar's No. 61

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Elk
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Parma - Rural
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Patra Retha May Washington
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Sng
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years.
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 6 Months 2 Days 8 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 12-23-40 (Date received local registrar) (b) Laura Hopkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — *Duration*
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature Edw Ford (M. D. or other)
Address Parma Mo Date signed

SUPPLEMENTARY

SUPERSEDED