

MAR 19 1937, MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County HENRY Registration District No. 351  
Township Deepwater Primary Registration District No. 4208  
City Deepwater (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 6030  
Registered No. 1

2. FULL NAME Jada Lee Dark

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of M.R. Dark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 9 27

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

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) Henry County, Mo

13. NAME Garland Eugene Patterson

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

15. MAIDEN NAME Martha Ann Patterson

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

17. INFORMANT Mrs. Hedy Hunt (ADDRESS) Mayfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo DATE 1-23-36

19. UNDERTAKER Tom Hunt (ADDRESS) Deepwater, Mo

20. FILED 1-21-37 J. J. Bricker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to 1-21, 1937

I last saw her alive on 1-21-37, 1937. Death is said to have occurred on the date stated above, at 10 P m.

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

Heart-disease, Brain, caused Total Paralysis  
Other contributory causes of importance: Hypostatic pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

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) J. J. Bricker, M. D.  
(Address) Deepwater, 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.

STATE HEALTH DEPARTMENT WITH CHANGING INVADE THIS IS A PERMANENT RECORD

