

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

Do not use this space.

100

**1. PLACE OF DEATH**

County Butler  
Township  
City Butler (No. ....)

Registration District No. 50  
Primary Registration District No. 3004

File No. 1  
Registered No. 1  
St. .... Ward)

**2. FULL NAME**

Willa Patrick

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**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)**

May 28 1917

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
12.	7.	6.	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School child  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Joplin Missouri

**10. NAME OF FATHER**

John C Patrick

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)**

Missouri

**12. MAIDEN NAME OF MOTHER**

Grace Gardner

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)**

Missouri

**14. INFORMANT (Address)**

D. Thralls Butler Mo.

**15. FILED**

1/5 1930 Nena L Culver REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan 3 1930

**17.**

HEREBY CERTIFY, That I attended deceased from Dec 28, 1929, to Jan 3, 1930, that I last saw her alive on January 3, 1930 and that death occurred, on the date stated above, at 7:00 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

tubercular tuberculosis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Positive sputum  
(Signed) Leah K. Kiehl, M. D.

Jan 5 19 30 (Address) Butler Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Wak Hill

**DATE OF BURIAL**

Jan 5 19 30.

**20. UNDERTAKER**

Culver

**ADDRESS**

Butler Mo.

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.

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PARENTS

