

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

Do not use this space.

39245

JAN 26 1934

1. PLACE OF DEATH

11 County Buchanan Registration District No. _____
 5 Township _____ Primary Registration District No. 1001
 9 City St. Joseph St. Joseph Hospital

File No. _____
 Registered No. 1271
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Sisters Hospital St. _____ Ward _____
 (Usual place of abode)

Pattonsburg 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Married.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28-1885</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>1</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>Davies Co</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
13. NAME <u>A. E. Utz</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Emma Bunnell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
17. INFORMANT <u>Mrs. Clay Jolley</u>		
(ADDRESS) <u>M. J. Fall, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pattonsburg Mo</u> DATE <u>12-24-33</u>		
19. UNDERTAKER <u>H. J. Groves</u>		
(ADDRESS) <u>Pattonsburg Mo.</u>		
20. FILED <u>12-23 1933</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16th 1933 to Dec 23 1933

I last saw him alive on Dec 23rd 1933 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:
Broken spinal cord
194B
186B
 Other contributory causes of importance:
Fracture of spine

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 12-11 1933
 Where did injury occur? Pattonsburg
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Falling tree near home
 Nature of injury Back broken

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) H. S. Foregrave _____ M. D.
 (Address) 720 Davies
St. Joseph. 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.

