

SEP 21 1934

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

Do not use this space.

29154

1. PLACE OF DEATH

County Jackson

Registration District No. 318

File No.

Township

Primary Registration District No. 3019

Registered No. 280

City Independence (No. 307 South Liberty)

St. _____ Ward _____

2. FULL NAME

Emma Jane Patrick

(a) Residence, No. 307 South Liberty 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 OR (OR) WIFE OF John Merice Patrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 5 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Fagan (STATE OR COUNTRY) Texas

13. NAME Robert M Galloway

14. BIRTHPLACE (CITY OR TOWN) Bethel (STATE OR COUNTRY) Mo

15. MAIDEN NAME Sarah A Wiggins

16. BIRTHPLACE (CITY OR TOWN) Bethel (STATE OR COUNTRY) Mo

17. INFORMANT John V. Patrick (ADDRESS) 307 South Liberty

18. BURIAL, CREMATION, OR REMOVAL buried grave

19. UNDERTAKER Spencer C. Carson (ADDRESS) Independence Mo

20. FILED Sept. 1, 1934 F. L. Cook Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1934, to Aug. 30, 1934
I last saw him alive on Aug. 29, 1934. Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:

Malignant Hypertension
Arteriosclerosis
Cerebral Hemorrhage
Date of onset 8/17/34

Name of operation none Date of _____
What test confirmed diagnosis? chem 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) Chas. Grady M. D.
(Address) Independence, Mo.

