

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

Do not use this space.

43634

1. PLACE OF DEATH

County Wright
Township
City Wm. Grove (No. , St. , Ward)

Registration District No. 908
Primary Registration District No. 4549

File No. _____
Registered No. 63

2. FULL NAME Patricia Ann Muse

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
		4	10	

OCCUPATION

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

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) Wright Co. Missouri
(STATE OR COUNTRY)

MOTHER

13. NAME Walter E. Muse

14. BIRTHPLACE (CITY OR TOWN) St. Joseph Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Hazel Malone

16. BIRTHPLACE (CITY OR TOWN) Maybourn Missouri
(STATE OR COUNTRY)

17. INFORMANT Walter E. Muse
(ADDRESS) Wm. Grove

18. BURIAL, CREMATION, OR REMOVAL
PLN Wrightship Cem. - DATE 11-13-36

19. UNDERTAKER ✓
(ADDRESS)

20. FILED 11-13-36 Bernice Montgomery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 12 , 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 - 1936 to 11-12-1936

I last saw him alive on 11-11-1936. Death is said to have occurred on the date stated above, at 7:50 P.M.

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

Acute Gastritis Date of onset 1 wk

Other contributory causes of importance 1 wk

1. Death during leadly
admission

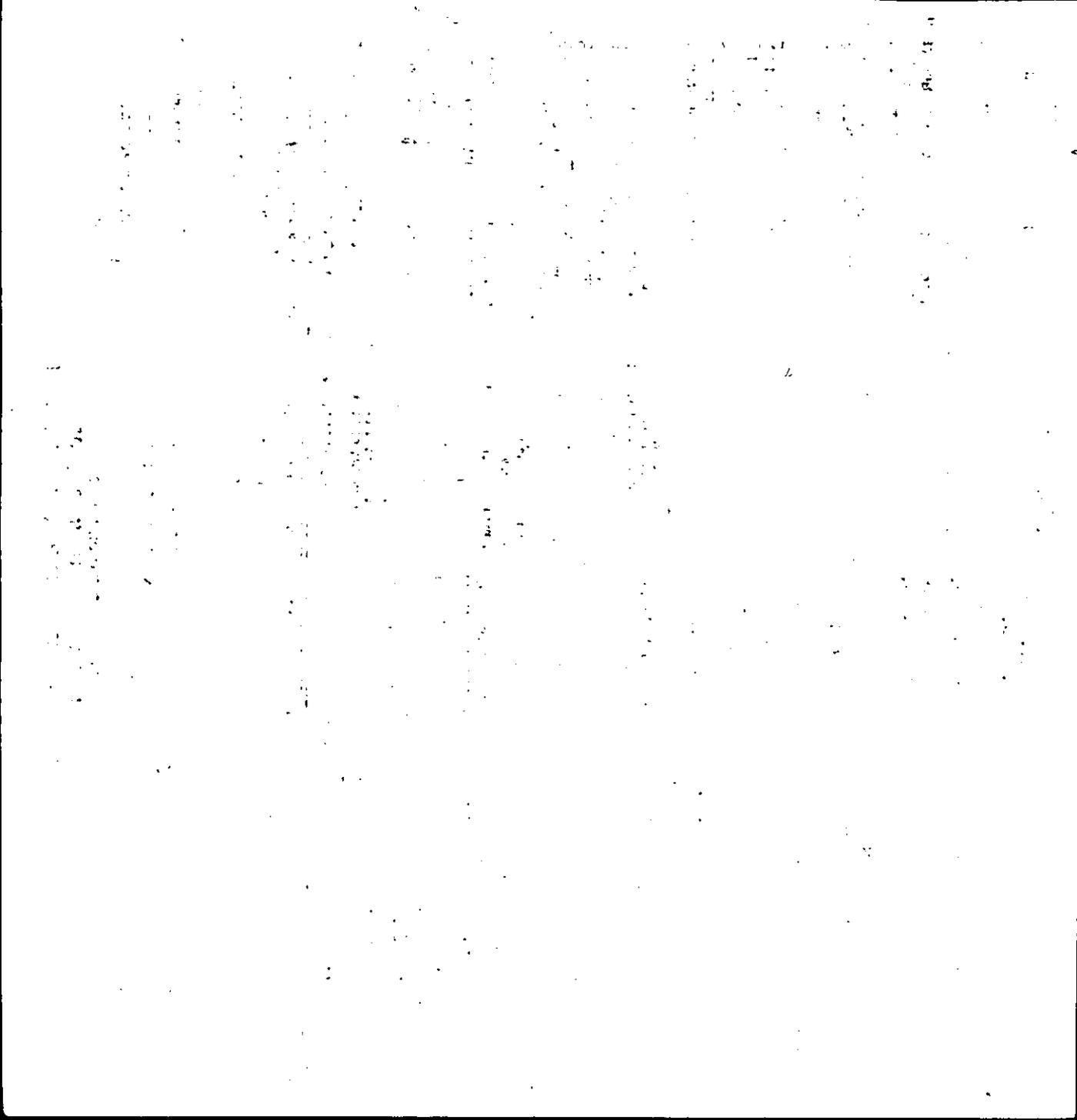
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 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?
If so, specify _____
(Signed) H. G. France, M. D.

(Address) Marquette Ave



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County Wright

Registration District No. 908

File No. 43634-

Township

Primary Registration District No. 4549-

Registered No.

City (No.) St.

Ward)

2. FULL NAME Patricia A. Muse

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S-

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 4 10

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

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

Acute Gastritis Date of onset

Yes Acute Gastro

Enteritis

Other contributory causes of importance.....

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

Name of operation..... Date of.....

13. NAME

What test confirmed diagnosis?..... Was there an autopsy?.....

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME

Where did injury occur?..... (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE DATE, 19.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

20. FILED 5-17-37 1937

(Signed) M. H. Franey, M. D.

(Address) Mountain Grove, Mo.

Registrar

5-43634