

FEB 25 1937

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

Do not use this space.

1247

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Law Primary Registration District No. _____
City Kansas City (No. 2013 Dr. Coffey) St. _____ Ward _____

File No. _____
Registered No. 38
St. _____ Ward _____

2. FULL NAME William S. Patrick

(a) Residence, No. 2013 Dr. Coffey, Ward. _____ (If nonresident, give city or town and State)
(Usual place of abode)

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 Male 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) Aug-11 1859

7. AGE YEARS MONTHS DYS If LESS than 1 day, _____ hrs. or _____ min.
77 4 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac. & St. Fe.
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) Illinois

13. NAME no Records

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

15. MAIDEN NAME no Record

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

17. INFORMANT Mrs. Jessie Hart

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Marsh Jan-6-1937

19. UNDERTAKER Mrs C. J. Choister

(ADDRESS) 912 Brooklyn

20. FILED 1-4 1937 M. M. Crowe, reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-4-1937

22. I HEREBY CERTIFY That I attended deceased from July 17, 1936, to Jan 4, 1937. I last saw him alive on Jan 3, 1937. Death is said to have occurred on the date stated above, at 12:22 a.m.

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

In. myocarditis
Post. myocardial infarction
Arteriosclerosis
Other contributory causes of importance: Senility
Heart Enlargement

Date of onset
1-2-37
1-1-37
July 1936

Name of operation none Date of _____

What test confirmed diagnosis? physical 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) Francis S. Carey, M. D.
(Address) K. C. Kansas

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Fed. Res. Life Ins. Bd.

Dr-2900

2:00 till 5:30

823 No 7th.

936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Wesley City
City Wesley City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 38
St. _____ Ward)

2. FULL NAME

William J. Patrick

(a) Residence, No. 3013 De Goffway St. Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED 1/4 1937 In. In. (Crows) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1937

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

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

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

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

Chr. Myocarditis
Pulmonary edema
Uremia
(Chronic nephritis)

Date of onset

1-2-37

1-1-37

Other contributory causes of importance:

Debility
Heart exhaustion

131

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) Francis J. Carey, M. D.

(Address) Kansas City, Kans.

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.

REMENTAL

S-1247

RECEIVED
FEB 24 1954