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.

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

DEC 20 1937

Do not use this space.

40352

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4666
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 3701 Wyandotte St. Ward)

2. FULL NAME Edmund R. Patrick
(a) Residence, No. 3701 Wyandotte 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 10, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
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) New York

FATHER
13. NAME John Patrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME Marie Cowling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Mae Patrick
(ADDRESS) 3701 Wyandotte, Kansas Cy., Mo.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ Elmwood Crematory
PLACE Kansas City, Mo. DATE Nov. 20, 1937

19. UNDERTAKER Stine & McClure
(ADDRESS) Kansas City, Missouri

20. FILED Nov. 20, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Crowe, 19 to, 19
I last saw him alive on, 19 Death is said to have occurred on the date stated above, at 9 p m.
The principal cause of death and related causes of importance were as follows:
Acute Vegetative Endocarditis (Aortic)
Organism not determined
Date of onset

Other contributory causes of importance: 9/a

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) Russell W. Sen, M. D.
(Address) [illegible]

AUG 25 1954