

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

Do not use this space.

**1. PLACE OF DEATH**

56 County Leyra  
Township Canton  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 477  
Primary Registration District No. 3641

File No. 3293  
Registered No. 5

**2. FULL NAME**

Mary A. Patrick 362

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 7 1861</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>4</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938

22. I HEREBY CERTIFY That I attended deceased from 1-13, 1938, to 1-28, 1938.

I last saw her alive on 1-28, 1938. Death is said to have occurred on the date stated above, at 1:30 P. m.

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

mitral regurgitation  
920  
Other contributory causes of importance:  
none

Date of onset  
1-14-38

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 F  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Dr. Earl Porter 300  
\_\_\_\_\_ (Address) Canton Mo. M.D.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox County, Mo.</u>
	13. NAME <u>John Boltz</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind. 1</u>
	15. MAIDEN NAME <u>Emilly James</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>
	17. INFORMANT (ADDRESS) <u>Elvis Patrick Canton, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chesnut Ridge</u> DATE <u>Jan 30 1938</u>	
19. UNDERTAKER (ADDRESS) <u>James J. Cochran &amp; Son Lafayette Ave.</u>	
20. FILED <u>1-29 1938</u> <u>H. W. Navrus</u> Registrar. <u>430</u>	

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.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH.