REC'D JUL 14 1938

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

21397
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 655
(c) City St. Joseph. — (d) Street No. 808 North 6th Street. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Forrest Leon Patrick. 362
(a) Residence, No. 808 North 6th Street. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Imogene Patrick.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1893.
7. AGE: YEARS 45 — MONTHS 2 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk.
9. Industry or business in which work was done, as saw mill, bank, etc. Jones Furniture
10. Date deceased last worked at this occupation (month and year) June 1938
11. Total time (years) spent in this occupation 5Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark, Missouri. 0

FATHER
13. NAME Robert Patrick. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newkirk. Missouri. 0

MOTHER
15. MAIDEN NAME Anna Byland.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newkirk. Missouri.

17. INFORMANT (ADDRESS) Mrs Imogene Patrick. 808 North 6th Street.
18. BURIAL, CREMATION, OR REMOVAL Mt. Mora Cemetery
PLACE St. Joseph Mo. DATE June 27, 1937
19. FUNERAL DIRECTOR (ADDRESS) H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.
20. FILED June 27, 1938 H J Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1938

22. I HEREBY CERTIFY, That I Viewed attended deceased from June 24th, 1938, to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6.a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoning by taking to much Barbital (unintentional)	

179
13

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accd 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.
Un-
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.
(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Robt P. Clarkson; Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

✓ L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed Robt P. Clarkson

Licensed Embalmer No. 4028

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)