

REC'D FEB 24 1939

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

2851

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
(b) Township Aurora Primary Registration District No. 4280 Registered No. 6
(c) City Aurora (d) Street No. 204 Elliott Ave 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Mary Irene Patnott,

(a) Residence, No. 204 Elliott Ave St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 9 9

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

9. Industry or business in which work was done, as 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) Pitsfield Ill.

13. NAME M. Cody

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

15. MAIDEN NAME Delida Irwin

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

17. INFORMANT (ADDRESS) Mrs Geo Burbank. Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo. DATE Jan 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. King Aurora Mo.

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1938 to Jan 16 1939

I last saw h.c.a. alive on Jan 16 1939. Death is said to have occurred on the date stated above, at 7:27 A.M.

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

Ch. myocarditis

Date of onset

Other contributory causes of importance:

Heart at risk as other media Uremia12/21/38Name of operation None Date ofWhat test confirmed diagnosis? Chol. & X-ray Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 12-31-38Where did injury occur? Home, Aurora Mo (Specify city or town, county, and State)

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

Manner of injury fall out bedNature of injury fracture of femur neck24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. D. Cowan, M. D.4:8 (Address) Aurora Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-39-347

Date Filed FEB 16 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

..... working under my personal supervision.

Signed.....

Herman Swartz

Licensed Embalmer No. 3072

P. O. Address Aurora, Ill.

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

If this body is not embalmed, above space should be left blank.

State Director of Health
Chicago, Illinois
February 16, 1939
District Health Officer No. 6
Chicago, Illinois
District File No. 6-39-347
Date Filed Feb 16 1939
Herman Swartz
Aurora, Ill.
3072

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

285-1
Do not use this space.

1. PLACE OF DEATH
 (a) County Lawrence Registration District No. 467
 (b) Township Primary Registration District No. 4280 Registered No. 76
 (c) City Aurora (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Irene Patnott
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Patnott
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS 77 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H. W.
 9. Industry or business in which work was done, as 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) 1-17, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938, to 1-16, 1939
 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:
Chronic Carditis
 Date of onset

Other contributory causes of importance:
Fract R. H. hip
 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) R. D. Cowan, M. D.
 (Address) Aurora Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Joliet
 13. NAME M. Cody
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Delida Quinn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Joliet
 17. INFORMANT (ADDRESS) Mrs. Geo. Burbank Aurora Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield DATE 1-19, 1939
 19. FUNERAL DIRECTOR (ADDRESS) J. F. King Aurora Mo
 20. FILED 2-3, 1939 R. D. Cowan, M.D. Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

