

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

7399
Do not use this space.

RECD MAR 21 1939

1. PLACE OF DEATH

(a) County Pemiscott Registration District No. 114
 (b) Township Godair Primary Registration District No. 5869
 or Swift, Mo.
 (c) City Swift, Mo. (d) Street No. _____ 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.

Registered No. 2

2. PRINT FULL NAME

367 Monzell Patrick
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan., 17, 39 19

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

22. I HEREBY CERTIFY, That I attended deceased from Jan., 16, 39, 19, to Jan., 17, 39, 19.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 30, 1934

I last saw h. ER alive on Jan, 17, 39, 19. Death is said to have occurred on the date stated above, at 6 P.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 2 17

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

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

Influenza beginning about Jan, 39 Date of onset

12. BIRTHPLACE (CITY OR TOWN) Portageville, Mo. (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME Trace Patrick 0

Broncho-pneumonia

14. BIRTHPLACE (CITY OR TOWN) Tennessee 1 (STATE OR COUNTRY)

Name of operation None Date of _____

MOTHER 15. MAIDEN NAME Virgie Ahart 1

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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

17. INFORMANT Dan Hounihan (ADDRESS) Swift, Mo.

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Bayou DATE 1-18-39 19

Where did injury occur? _____ (Specify city or town, county, and State)

19. FUNERAL DIRECTOR (NAME) R. E. Payne (ADDRESS) Portageville, Mo.

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

20. FILED 2-22-39 Mary W. Cook Local Registrar.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. H. Reaser, M. D.

5 (Address) Portageville, Mo.

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

RECEIVED

District Health Officer No. 3

District File Number 39-19

Date Filed 3/2/39

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.....

* Licensed Embalmer No.....

P. O. Address.....

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

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