

JUL 1 4 1939

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

21787
Do not use this space.

1. PLACE OF DEATH

(a) County Boonville Mo. Registration District No. 134
(b) Township Combs Primary Registration District No. 5189 Registered No. 14
(c) City _____ (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.

2. PRINT FULL NAME 300 Unnamed

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1939
7. AGE YEARS _____ MONTHS _____ DAYS _____ If LESS than 1 day _____ hrs. or 26 min.
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. Infant
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Combs township, Carroll County, Mo.
FATHER 13. NAME Glenn Herbert Pattie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County, Mo.
MOTHER 15. MAIDEN NAME Alta Lee Gilmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barckleton, Mo.
17. INFORMANT (ADDRESS) Glenn Herbert Pattie
18. BURIAL, CREMATION, OR REMOVAL PLACE Church DATE May 29, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family
20. FILED June 15, 1939 Mrs. A. G. Brown, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-29-39
22. I HEREBY CERTIFY, That I attended deceased from 9 May 27, 1939, to 9 May 29, 1939
I last saw him alive on May 27, 1939. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:
Inanition
Date of onset _____
Other contributory causes of importance: Premature
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 of injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. Hamilton
Carrollton, Mo. (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

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RECEIVED
District Health Officer No. 81
District File Number
7/11/39

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 comply with the above constitutes grounds for revocation of license.)

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