

MAR 21 1928

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

Do not use this space.

7420

1. PLACE OF DEATH

County Scott
Township Repleand
City Sublette (No. _____)

Registration District No. 821
Primary Registration District No. 6070

File No. 19
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ada Naomi Patton

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 7 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Manilla
(STATE OR COUNTRY) Phil

10. NAME OF FATHER Thos Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Lavin Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Illinois

14. INFORMANT Thos Patton
(Address) 1 Sublette mo

15. 3/10/28 FILED M. C. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1928
17. _____

I HEREBY CERTIFY That I attended deceased from Feb 22, 1928, to Feb 22, 1928, that I last saw her alive on Feb 22, 1928, and that death occurred, on the date stated above, at 1445 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7 measles
10713 (duration) yrs. mos. 3 da.
CONTRIBUTORY Broncho pneumonia
(SECONDARY) (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical
(Signed) Thomas C. McEwen, M. D.
, 19 (Address) Sublette, mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Big Springs DATE OF BURIAL 2/24 1928

20. UNDERTAKER H. Welch Sublette ADDRESS _____

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.

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