

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

Do not use this space.

9615

1. PLACE OF DEATH

County Linn
Township Aurora
City Aurora (No.)

Registration District No. 467
Primary Registration District No. 4580

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. 424 W. College 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.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX

Female

4. COLOR OR RACE

Wk

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

David L. Patton

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

Sept 27/1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. min.

70

6

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

James Holmes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Margaret Killebrew

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Maryland

14.

INFORMANT
(Address)

D. L. Patton
Aurora Mo

15.

FILED

4/2/28

R. W. Smart

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar 31 1928

17.

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Mar 31, 1928 that I last saw him alive on Mar 29, 1928, and that death occurred, on the date stated above, at 9:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Transverse colon

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1928

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy & Clinical

(Signed) R. D. Cowan, M. D.

, 19 (Address) Aurora 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

DATE OF BURIAL

Maple Park Cem

4/2 1928

20. UNDERTAKER

ADDRESS

Aug. Endt & Co

Aurora

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.

