

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

Do not use this space.

18792

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis MO No. 4240 W. Ashland St. .... Ward)

File No. ....  
 Registered No. 5187

**2. FULL NAME**

Francis Patton  
 (a) Residence. No. 4240 W. Ashland St. 10 Ward. ....  
 (Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
About 64

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
 (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) Jefferson city mo

10. NAME OF FATHER Robert Anderson

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

12. MAIDEN NAME OF MOTHER Francis Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jefferson city mo

14. INFORMANT Alise Murrely  
 (Address) 4240 Ashland Ave

15. FILED May 11 1937 Miss C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1937

17. I HEREBY CERTIFY That I attended deceased from May 6 to May 8 1937 that I last saw her alive on May 2 1937, and that death occurred, on the date stated above, at 12:50 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Aspiration  
non tubercular  
1074  
110 (duration) 4 yrs. 7 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Broncho-pneumonia

18. WHERE WAS DISEASE CONTRACTED now  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Findings  
 (Signed) E. S. Bailey M. D.  
 , 19 (Address) 1937 Franklin Ave

\*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 Pacific MO DATE OF BURIAL May 13 1937

20. UNDERTAKER A. L. Beal ADDRESS 2726 Lucas

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

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.

