

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

Do not use this space.

9529

1. PLACE OF DEATH

County Merced
Township Princeton
City Princeton (No.)

Registration District No. 556
Primary Registration District No. 4378

File No.
Registered No. 2045
St. Ward)

2. FULL NAME Susan Patton

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 9 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Patton

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

12. MAIDEN NAME OF MOTHER Randall

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

14. INFORMANT Maie Hoover
(Address) Princeton, Mo.

15. FILED 7/8 1930 J.M. Perry REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1930

17. I HEREBY CERTIFY That I attended deceased from April 10 1919 to March 6 1930 that I last saw h. alive on March 6 1930 and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Chronic interstitial nephritis - last 72 hours - approx 4 hours with coma & death. Last 3 years in bed from old hip fracture.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 194 B
IF NOT AT PLACE OF DEATH 131
DID AN OPERATION PRECEDE DEATH? 87 B

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys & lab findings
(Signed) A. St. Johnston, M.D.
3/7 1930 (Address) Princeton, 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 Princeton DATE OF BURIAL Mar. 8 1930

20. UNDERTAKER Nel Moss ADDRESS Princeton Mo.

