

SEP 25 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27268

1. PLACE OF DEATH

County MaconRegistration District No. 533

Township

Primary Registration District No. 3027City Macon

(No. _____)

File No. _____

Registered No. 70

St. _____

D. _____

Ward _____

2. FULL NAME Ernesta Jean 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. _____

ds. _____

How long in U.S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 1852

7. AGE

YEARS

MONTHS

DAYS

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

78615

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Peoria(STATE OR COUNTRY) Ill10. NAME OF FATHER John S. Burns11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maine

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elessa Cocker13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York

(STATE OR COUNTRY)

14. INFORMANT R. E. Shilling(Address) Chicago Ill 122615. FILED 8/30/30

19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/27 1930

17.

I HEREBY CERTIFY, That I attended deceased from Aug 27 1930 to Aug 27 1930 that I last saw him alive on Aug 27 1930, and that death occurred, on the date stated above, at 9:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombosis of coronary artery
94B
97

CONTRIBUTORY (SECONDARY)

(duration) yrs. _____ mos. _____ ds. _____

(duration) yrs. _____ mos. _____ ds. _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. W. Regan, M. D.8/29, 1930 (Address) Macon 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

Oakwood8/30 1930

20. UNDERTAKER

ADDRESS

Blair ShillingMacon

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12

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