

DEC 20 1937

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

Do not use this space.

35257

1. PLACE OF DEATH

County Andrew  
Township.....  
City Cosby

Registration District No. 10  
Primary Registration District No. 4007  
(No. Cosby, Mo.)

File No.....  
Registered No. ~~35257~~ 9  
St. .... Ward)

2. FULL NAME

Lottie Brown 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. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar, 4, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
33 8 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work At Home.  
(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) Andrew Co., Mo.

10. NAME OF FATHER Henry Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co., Mo.

12. MAIDEN NAME OF MOTHER Sarah Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) DeKalb, Co., Mo.

14. INFORMANT Ora A. Patton (Address) Cosby, Mo.

15. FILED Nov 19 1937 B. J. Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 11, 1937

17. I HEREBY CERTIFY, That I attended deceased from Aug 3 1930 to Nov 11 1937 that I last saw h. EX. alive on Nov 8 1930, and that death occurred, on the date stated above, at 6.00 P.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma - Cervix uteri.  
(duration) 1-2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Assema - secondary from uterine hemorrhages  
(duration) 9 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH Rock Island, Ill.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 1930

WHAT TEST CONFIRMED DIAGNOSIS tissue exam.  
(Signed) G. T. Bloomer, M. D.

11/12, 1930. (Address) 1718 N. 3d St.

\*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 Bethel Cemetery DATE OF BURIAL Nov, 13, 1937

20. UNDERTAKER Walter Meinhoffer ADDRESS St. Joseph, Mo.

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.

