

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

Do not use this space.

2267
Rallins
21 Grandby
File No. _____
Registered No. 4
St. _____ Ward)

PLACE OF DEATH
County Newton
Township Grandby
City Newton

Registration District No. 614
Primary Registration District No. 5816

FULL NAME Mrs Bertha Patton
(a) Residence. No. _____ 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Calvin Patton</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 20, 1883</u>		
7. AGE <u>45</u>	YEARS <u>6</u>	MONTHS <u>3</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>235</u> (c) Name of employer		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roadkill Va</u>
	10. NAME OF FATHER <u>Hardy Sparks</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Rosenbalm</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>

14. INFORMANT (Address) <u>Calvin Patton</u> <u>Grandby Mo R. 2</u>
15. FILED <u>1-24-1931</u> <u>M. F. Rallins</u> REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1. 1
16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 23, 1931, that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 10:00 AM.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Preliminary T.B.
231
(duration) 2 yrs. mos. da.
CONTRIBUTORY (SECONDARY) 235
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTED
IF NOT AT PLACE OF DEATH: _____
8. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. E. Rallins, M. D.
1-24-1931 (Address) Grandby 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 <u>Wanda Mo</u>	DATE OF BURIAL <u>Jan 24 1931</u>
20. UNDERTAKER <u>L. E. Rallins</u>	ADDRESS <u>Grandby Mo</u>

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

