

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

Do not use this space.

6696

1. PLACE OF DEATH

County Randolph Registration District No. 731
Township _____ Primary Registration District No. 4436
City Clifton Hill (No. _____) St. _____ Ward _____

File No. _____
Registered No. 3

2. FULL NAME Eva Milam 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 <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 _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1, 1878</u>				
7. AGE	YEARS <u>53</u>	MONTHS <u>1</u>	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>234</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1928, to Feb 26, 1931.
I last saw him alive on Feb 24, 1931. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast + spine
50
55D 5D
Other contributory causes of importance: _____

Date of onset 1928

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co</u>
	13. NAME <u>Joseph Milam</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co</u>
	15. MAIDEN NAME <u>Elizabeth Sumner</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co</u>
	17. INFORMANT (ADDRESS) <u>R. E. Patton Jr Clifton Hill</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clifton Hill</u> DATE <u>Feb 27</u> 19 <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>Tom B. Patton Huntsville Mo</u>	
20. FILED <u>Feb 6</u> 19 <u>31</u> <u>J. Bradden</u> Registrar.	

Name of operation Removal of breast Date of 1928
What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. E. Patton Jr, M. D.
(Address) Huntsville 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. APR 25 1931

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