

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

Do not use this space.

10616

1. PLACE OF DEATH-

5th County Linn
Township Secret Creek
City (No. _____) _____

Registration District No. 501
Primary Registration District No. 5666

File No. _____
Registered No. H
St. _____ Ward _____

2. FULL NAME Carolyn Belmont 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 6 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas H. Patton Dec

17. HEREBY CERTIFY, That I attended deceased from Jan 25 1931 to Mar 6 1931 that I last saw her alive on Mar 5 1931 and that death occurred, on the date stated above, at 4:13 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-12-1854

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 28

Chronic Interstitial nephritis

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 _____

13! (duration) Several yrs yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 13! (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) XXXX
(STATE OR COUNTRY) Penn

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Cyrus Newkirk

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Frances West

WHAT TEST CONFIRMED DIAGNOSIS Sympt

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

(Signed) J. N. Deussen M. D.

14. INFORMANT Eva W. Brock
(Address) Parferville, Kan.

318 . 19 31 (Address) Laclede

*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.

15. FILED 3/10 19 31 D. O. Taylor
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 2001 Linness DATE OF BURIAL Mar. 10 1931

20. UNDERTAKER H. G. Thorne ADDRESS Laclede Mo

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

APR 24 1931

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