

AUG 25 1931

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

Do not use this space.

1. PLACE OF DEATH

County Callaway  
Township  
City Fulton (No. ....)

Registration District No. 104  
Primary Registration District No. 3008

File No. 24377  
Registered No. 151  
St. .... Ward)

2. FULL NAME Elnora Patton

(a) Residence, No. .... St. .... Ward. Monroe City Mo  
(Usual place of abode)

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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Patton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
75 1 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Missouri

13. NAME Connelma Whitehead  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Palina Sparks  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Missouri

17. INFORMANT (ADDRESS) Chas Patton Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe City Mo DATE July 17 1931

19. UNDERTAKER (ADDRESS) Wilson & Son Monroe City Mo

20. FILED July 17 1931 R. H. Crewer Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1931

22. I HEREBY CERTIFY That I attended deceased from April 17<sup>th</sup>, 1931, to July 17<sup>th</sup>, 1931.  
I last saw her alive on July 16<sup>th</sup>, 1931. Death is said to have occurred on the date stated above, at 5<sup>45</sup> am.

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

Hypertension  
Pericious Anemia  
followed by Fractured femur by fall on floor.

Other contributory causes of importance:

Anterior BSA / 860  
1923  
71A

Name of operation Physical Date of Examination  
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? acc Date of injury 4-17-1931  
Where did injury occur? Monroe Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home  
fractured femur neck  
Nature of injury accidental fall

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Green M. Call P. M. D.  
(Address) Fulton Mo

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