

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

Do not use this space.

24810

1. PLACE OF DEATH

County Grundy Registration District No. 327 File No. _____
Township _____ Primary Registration District No. 4194 Registered No. 11
City Galt (No. _____) St. _____ Ward _____

2. FULL NAME

Eden Patten

(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 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 Patten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 - 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>78</u>	<u>11</u>	<u>23</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>housework</u>	11. Total time (years) spent in this occupation <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>-</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

13. NAME John Ruddell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Mary Pennington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Miss Agnes Wilson
(ADDRESS) Forrest mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE 1007 Galt Cem DATE July 2, 1931

19. UNDERTAKER W. C. Weston
(ADDRESS) Galt mo

20. FILED 7-1-31 W. C. Weston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1931 to July 1, 1931

I last saw her alive on June 30, 1931. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Myocarditis Chronic Date of onset ?

930
107

Other contributory causes of importance:
Bronchitis Pneumonia 6-20-31

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) W. C. Weston, M. D.
(Address) Galt mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 26 1931

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