

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

Do not use this space.

35504

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township

Primary Registration District No. 4464

City Farmington Mo. (No. _____)

File No. _____

Registered No. 138

St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. Mountain 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

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Charles Patton

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

68

10

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Batesville Mo.

10. NAME OF FATHER

Samuel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Julia A. Salzman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Ellie P. Adams

Farmington Mo.

15.

FILED 1023, 1931

T. J. Robinson
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

(22)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1931

17.

I HEREBY CERTIFY, That I attended deceased from

July 6, 1931, to Oct 22, 1931.

that I last saw h. er. alive on Oct 21, 1931, and that death occurred, on the date stated above, at 5:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterial Sclerosis -
127R
97

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Chronic Cholecystitis
(SECONDARY)

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo. H. Williams, M. D.

1023, 1931 (Address) Farmington 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

DATE OF BURIAL

Mountain Mo.

Oct 25 1931

20. UNDERTAKER

Herman Rickay

ADDRESS

Mountain

RESERVED FOR BINDING

WRITE PLAINLY IN INK--THIS IS A PERMANENT RECORD

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.

NOV 28 1931

RECEIVED
JAN 11 1964
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

1

Information should be stated EXACTLY. PH. S. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francis
Township St. Francis
City St. Louis (No. 111)

Registration District No. 773
Primary Registration District No. 4464

File No. 138
Registered No. 138
St. St. Louis Ward 1

2. FULL NAME

(a) Residence, No. Allice Jane Patton St. St. Louis Ward 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wid
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17-1862
7. AGE YEARS 68 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1831-10-22-31
9. Industry or business in which work was done, as mill, saw mill, bank, etc. 1861-12-12
10. Date deceased last worked at this occupation (month and year) 18-10-31 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) Batesville (STATE OR COUNTRY) Ind.

13. NAME Maudie Smith

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

15. MAIDEN NAME Julia A. Holman

16. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) Ind.

17. INFORMANT Allice J. Adams (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 19

19. UNDERTAKER (ADDRESS) St. Louis

20. FILED 12-5, 1931 B. L. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1931

22. I HEREBY CERTIFY, That I attended deceased from 1931 to 1931

I last saw him alive on 1931, 19 1931 Death is said

to have occurred on the date stated above, at St. Louis m.

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

Date of onset 1931-10-22

Other contributory causes of importance:

Name of operation St. Louis Date of 1931

What test confirmed diagnosis? St. Louis Was there an autopsy? 1931

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? St. Louis Date of injury 1931

Where did injury occur? St. Louis (Specify city or town, county, and State)

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

Manner of injury St. Louis

Nature of injury St. Louis

24. Was disease or injury in any way related to occupation of deceased? St. Louis

If so, specify St. Louis

(Signed) St. Louis, M. D.

(Address) St. Louis

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