

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

Do not use this space.

21978

1. PLACE OF DEATH

County Duchman

Registration District No. 85

Township Shoshone

Primary Registration District No. 100

City St. Joseph (No. 216 Fifth Ave. St. Ward)

2. FULL NAME

(a) Residence, No. 1216 South Ave.

Ward.

Length of residence in city or town where death occurred 15 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)

Married

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

Cliff O. Patton

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

Sept 30, 1897

7. AGE

YEARS 34

MONTHS 9

DAYS 2

If LESS than 1 day, hrs. or min.

or min.

or min.

or min.

or min.

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or min.

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or min.

OCCUPATION

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

MOTHER FATHER

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Ambrose DATE July 4, 1932

19. UNDERTAKER (ADDRESS)

20. FILED

7-3-32, 19

MEDICAL CERTIFICATE OF DEATH

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

July 2, 1932

22. I HEREBY CERTIFY, that I attended deceased from

April 13, 1932, to July 2, 1932

I last saw her alive on July 2, 1932 Death is said

to have occurred on the date stated above, at 9:45 a.m.

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

Cancer of Right Lungs Date of onset

53A Primary seat unknown

Other contributory causes of importance:

53A none

Name of operation

What test confirmed diagnosis?

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

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) Dr. T. J. Gallagher M.D.

(Address) 12 S. 8th St. St. Joseph, Mo.

Registrar

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.

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

AUG 3 2 1932

