

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.

SEP 34 1932

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

Do not use this space.

29912

1. PLACE OF DEATH
 County Newton Registration District No. 611
 Township Seneeca Primary Registration District No. H36V
 City Seneeca St. _____ Ward _____

2. FULL NAME Ettie May 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Charles Patton (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 '71
 7. AGE YEARS 61 MONTHS 3 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Mo
 FATHER 13. NAME James Hill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 MOTHER 15. MAIDEN NAME Viola Duke
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark
 17. INFORMANT Chas Patton (ADDRESS) Seneeca
 18. BURIAL, CREMATION, OR REMOVAL PLACE Seneeca DATE 9/5 19. 1932
 19. UNDERTAKER Norman E. Mulcher (ADDRESS) _____
 20. FILED 9/5 1932 C. E. Norris Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1932
 22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1932 to Sept 3 1932
 I last saw her alive on Sept 3 1932 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) C. E. Norris M. D.
 (Address) Seneeca Mo

