

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

Do not use this space.

3048

1. PLACE OF DEATH

County St. Louis
Township Central
City 6341 Wagner av

Registration District No. 189
Primary Registration District No. 60 33 B
(No. 6341 , Wagner av St. 17 Ward)

File No.
Registered No.

2. FULL NAME Celia Patton

(a) Residence, No. 6341 Wagner 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 <u>Female</u>	4. COLOR OR RACE <u>Col'd</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Reuben Patton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 28, 1871</u>		
7. AGE <u>61</u>	YEARS <u>9</u>	MONTHS <u>29</u>
		DAYS <u>30</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundress</u>
	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) 11. Total time (years) spent in this occupation.

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

13. NAME Not Known

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

15. MAIDEN NAME Margaret Dean

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

17. INFORMANT Margie Carter
(ADDRESS) 6341 Wagner

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Jan. 30 1933

19. UNDERTAKER J. H. Harrison
(ADDRESS) 2906 Franklin

20. FILED -28 1933 Opella Gray M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1932 to Jan 27 1933

I last saw him alive on Jan 27 1933 Death is said

to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset Dec. 1/32

108

930

Other contributory causes of importance: Lob. Pneumonia.

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? No.

If so, specify

(Signed) B. B. H. Freestay M. D.

(Address) E 323 Page Ave.

