

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

Do not use this space.

41031

1. PLACE OF DEATH

County..... Platte
Township..... Paris
City..... (No.) St. Ward.....

Registration District No. 696
Primary Registration District No. 5925

File No.
Registered No. 40

2. FULL NAME

(a) Residence, No. Tracy - Mo. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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 Jesse J. Patton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 9 - 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 7

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.
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) Smithville Missouri

13. NAME Columbus Logan

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

15. MAIDEN NAME Sally Pleasant

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

17. INFORMANT (ADDRESS) Jesse J. Patton Tracy - Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City Mo. DATE 12-17-1933

19. UNDERTAKER (ADDRESS) L. T. Williams Platte City Mo.

20. FILED Jan - 9 - 1934 Mary B. Knight Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 16 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 15th 1933 to Dec 15th 1933

I last saw her alive on Dec 16th 1933 Death is said

to have occurred on the date stated above, at 11:55 A.M.

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

Pneumonia Date of onset 17/1/33

108 56

Other contributory causes of importance: Pleuritis

Name of operation none 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

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) Chas. A. Donahoe

(Address) Platte City Mo.

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

