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.

27 1934

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

Do not use this space.

42

1. PLACE OF DEATH
County Atchison — Registration District No. 19
Township Lake — Primary Registration District No. 4013
City Rock Port. (No. ..... St. ..... Ward) — File No. ..... Registered No. .....

2. FULL NAME Catherine L. 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-10-1849

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	8	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Walton Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Stoner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ellen Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

14. INFORMANT Mrs Earl Parker
(Address) Rock Port. Mo

15. FILED 1-13-1934 Mary G Chamberlain REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12 1934

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1933 to Jan 12, 1934 that I last saw her alive on Jan 12, 1934, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

organic heart lesion ..... (duration) ..... yrs. ..... mos. ..... ds.
a Resultant
CONTRIBUTORY (SECONDARY) Cerebral apoplexy (duration) ..... yrs. ..... mos. 36 ds.

18. WHERE WAS DISEASE CONTRACTED ..... IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Chas L Settle, M. D.
1-13, 1934 (Address) Rock Port, 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
Greenhill Cem.	1-14 1934
20. UNDERTAKER	ADDRESS
Batt Bartholomew	Rock Port Mo