

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 14 1934 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29065

1. PLACE OF DEATH

County Holt
Township Lincoln
City Corning (No.)

Registration District No. 368
Primary Registration District No. 4214

File No.
Registered No. Two
St. Ward)

2. FULL NAME Bessie Doloris Patton

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
8 13

OCCUPATION
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) 11. Total time (years) spent in this occupation

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

MOTHER FATHER
13. NAME Jno. F. Patton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER FATHER
15. MAIDEN NAME Rachel K. Maness
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville, Tenn.

17. INFORMANT Mrs Jno. F. Patton
(ADDRESS) Corning, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Millsap Cemetery DATE 8-7-34

19. UNDERTAKER Asa L. Schooler
(ADDRESS) Corning, Mo.

20. FILED Aug 7 1934 San Bankers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1934 to Aug 6 1934
I last saw him alive on Aug 5 1934 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Cholera infantum Date of onset 8/4/34

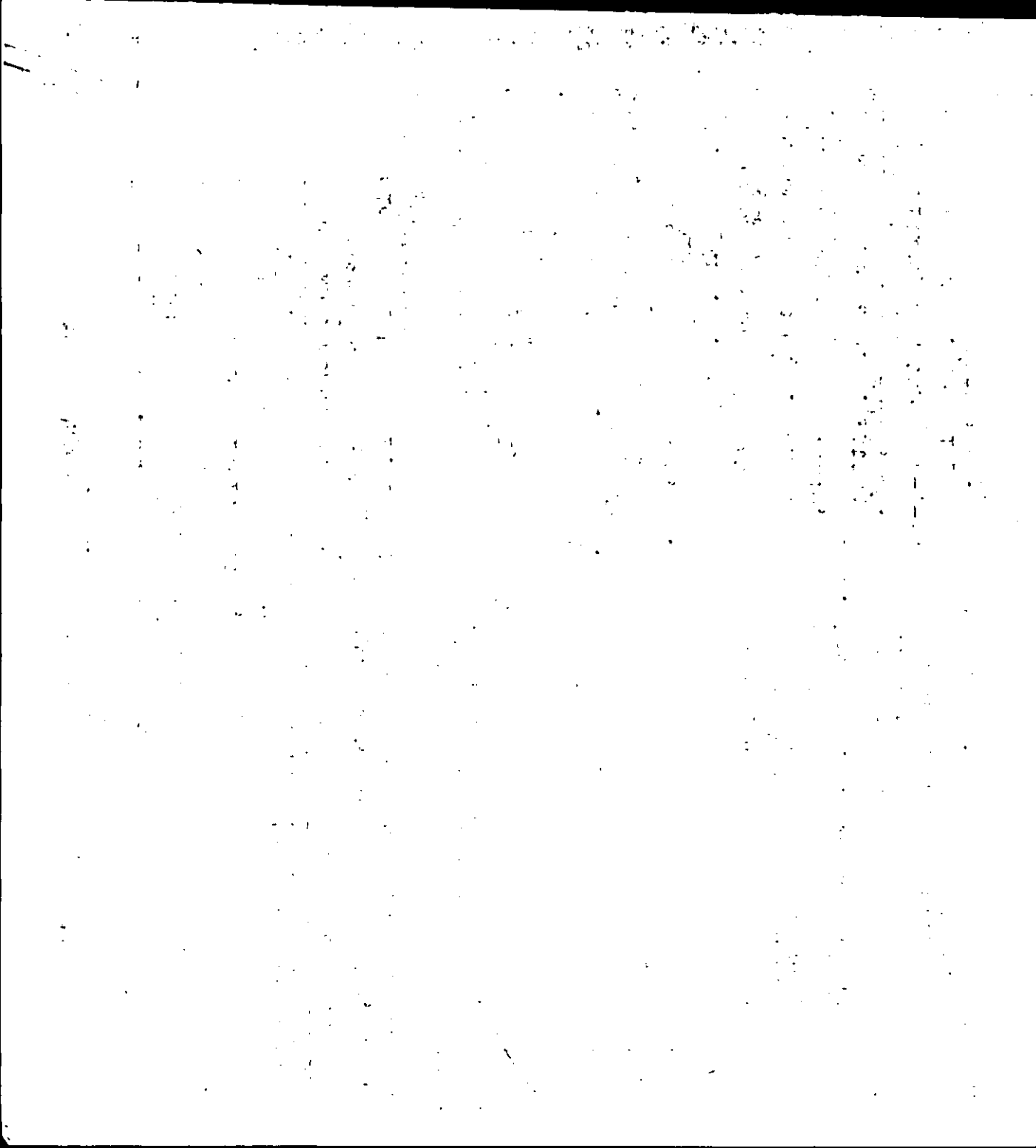
Other contributory causes of importance:

Name of operation: Date of: No
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: 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: No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ho. Ottumwa M. D. 2
(Address) Greenville, Mo.



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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Holt.

Registration District No. 368

Township 1

Primary Registration District No. 4214

City Corning

No. 1

File No. 2

Registered No. 2

St. Mo. Ward 1

2. FULL NAME

Bessie Dolores Patton

(a) Residence, No. 1

St. Mo.

Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 4 mos. 4

ds. 4

How long in U. S., if of foreign birth?

yrs. 4

mos. 4

ds. 4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

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

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

11-24-33

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, ... hrs.
 or min.

8

13

OCCUPATION

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)

11. Total time (years)
spent in this
occupation

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

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

10-8

1934

Evan Barker

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug-6-1934

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..... to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

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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)....., M. D.

(Address).....

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