

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.

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

Do not use this space.

JUN 3 1935

14051

## 1. PLACE OF DEATH

County St. Charles

Registration District No. 757

Township St. Charles

Primary Registration District No. 3036

City St. Charles

(No. 403 W. Eighth St. Ward)

File No. \_\_\_\_\_

Registered No. 53

## 2. FULL NAME

(a) Residence, No. 403 W. Eighth 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

Female

4. COLOR OR RACE

White

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

Unmarried

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

Richard Patton

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

April 18-1870

7. AGE

YEARS

MONTHS

DAYS

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

64

10

27

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

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)

St. Louis, Mo

FATHER

13. NAME

Wm. Boland

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

Ireland

MOTHER

15. MAIDEN NAME

Mary Maher

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

Ireland

17. INFORMANT (ADDRESS)

Dr. J. J. Patton  
403 W. 8th

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Charles Cemetery DATE April 15, 1935

19. UNDERTAKER (ADDRESS)

St. Charles & Sons  
800.1 W. 8th

20. FILED

4/13

1935 Clarence J. Hessler  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

April 12, 1935

22. I HEREBY CERTIFY that I attended deceased from

Dec. 1, 1934, to April 12, 1935

I last saw him alive on April 11, 1935. Death is said

to have occurred on the date stated above, at 8:59 m.

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

Carcinoma of liver

Date of onset

10-1-34

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of Jan 35

What test confirmed diagnosis? Biopsy 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

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

E. J. Canty

, M. D.

(Address)

St. Charles, Mo

