

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

Do not use this space.

15405

1. PLACE OF DEATH

County Washington
Township Richwood
City Richwood (No.)

Registration District No. 889
Primary Registration District No. 6285

File No.
Registered No.
St. Ward

2. FULL NAME

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

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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>at home</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
	<u>3</u>	<u>9</u>
If LESS than 1 day,hrs. ormin.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year)..... <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) Richwood (STATE OR COUNTRY) WV

13. NAME William Patton

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

15. MAIDEN NAME Ethel E. Jennings

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

17. INFORMANT William Patton (ADDRESS) Richwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellenwood DATE April 28, 1935

19. UNDERTAKER Payson B. Richards (ADDRESS) Richwood

20. FILED April 26, 1935 Q. W. Parker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1935 to April 26, 1935
I last saw her alive on April 24, 1935 Death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

Date of onset

Other contributory causes of importance:
Influenza

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?
If so, specify
(Signed) Q. W. Parker, M. D.
(Address) Richwood

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.

