

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.

26805-1  
166

1. PLACE OF DEATH

County Jackson  
Township Jefferson  
City Union (No. \_\_\_\_\_)

Registration District No. 422  
Primary Registration District No. 5577

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 75 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  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Patton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1860  
7. AGE YEARS 75 MONTHS 5 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper  
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) Morse Mill (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Huskey  
14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Clara Wideman  
16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Ella Patton (ADDRESS) Union

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hillsboro DATE Aug 26-1935

19. UNDERTAKER Motherhead (ADDRESS) Union

20. FILED 8-24 1935 Hurst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug-11 1935, to Aug-24 1935

I last saw her alive on Aug-23 1935. Death is said to have occurred on the date stated above, at 4 a. m.

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

Gangrene of foot about 4 months Date of onset \_\_\_\_\_

Other contributory causes of importance: arterio-sclerosis w/ known  
metral degeneration of heart w/ known

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? NO  
If so, specify \_\_\_\_\_  
(Signed) W. H. Gibson, M. D.  
(Address) 21. 20th, Mo.

