

SEP 16 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

Do not use this space.

27756

1. PLACE OF DEATH *St. Mary's Infirmary*

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis, Mo.* No. *1536* *Papin*

File No.....

Registered No. *6805*

St. Ward)

2. FULL NAME *Alma Patton*(a) Residence, No. *4155 W. Belle*

(Usual place of abode)

St. *11*

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *14* yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Roman Patton</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 28, 1897</i>		
7. AGE <i>37</i>	YEARS <i>10</i>	MONTHS <i>10</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Louisiana</i>
	13. NAME <i>Houston LaSalle</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>La.</i>
	15. MAIDEN NAME <i>Irma</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>La.</i>
	17. INFORMANT (ADDRESS) <i>Ramie Patton</i> <i>4155 W. Belle</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Barberville La.</i> DATE <i>7-10-1935</i>
	19. UNDERTAKER (ADDRESS) <i>Manuel and Co</i> <i>4155 W. Belle</i>
20. FILED <i>1111</i> - <i>9-1935</i> 19. <i>J. H. Bredeck</i> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>8-8</i> , 19 <i>35</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>June 29</i> , 19 <i>35</i> , to <i>August 8</i> , 19 <i>35</i> I last saw her alive on <i>August 8</i> , 19 <i>35</i> . Death is said to have occurred on the date stated above, at <i>3:03</i> a.m. The principal cause of death and related causes of importance were as follows: <i>Carcinoma, Cervix uteri</i> <i>Anemia</i> <i>4/8</i>
Other contributory causes of importance:
Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? <i>No.</i>

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? <i>No.</i> If so, specify <i>James E. Jackson</i> , M. D. (Signed) <i>James E. Jackson</i> (Address) <i>1536 - Papin St.</i>

