

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.

MAR 17 1936

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

Do not use this space.

38936-a

1. PLACE OF DEATH

County Christian Registration District No. 195-
 Township London Primary Registration District No. 5-259
 City Raymondville, Mo. (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME

Minerva Ann Patton
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>of Sam Patton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5 - 1864</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>2</u>	<u>25</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1935
 I HEREBY CERTIFY, That I attended deceased from Dec 26th 1935, to Dec 31st, 1935
 I last saw her alive on Dec 31, 19..... Death is said to have occurred on the date stated above, at 8 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 12-26-35

Other contributory causes of importance:
 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. Wise, M. D.
 (Address) Raymondville, Mo.

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Lige Raller</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Mary Reid</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>
	17. INFORMANT (ADDRESS) <u>John Patton Raymondville Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Raller Cemetery</u> DATE <u>Jan 1</u> 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>B. G. K. Kasper Ozark</u>	
20. FILED <u>3-4</u> 19 <u>36</u> <u>Josephine Merritt</u> Registrar.	

