

Dr. Kelley

APR 15 1936

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

Do not use this space.

9151

1. PLACE OF DEATH

County Barry
Township McDonald
City (No.)

Registration District No. 21
Primary Registration District No. 5045A.

File No.
Registered No. 15 St. Ward

2. FULL NAME Florance A. Patten

(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>M.</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>David d Patten</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/5/1868</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>11</u>	DAYS <u>15</u>
		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

OCCUPATION

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

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) Missouri

MOTHER FATHER 13. NAME John Redding

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Cape

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) W. C. Patten Cape Fair, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cornely DATE 3/22/36

19. UNDERTAKER (ADDRESS) Wagon Funeral Home Cassville, Mo.

20. FILED 4-10, 1936 Mattie Blansenshyn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/36 1936

22. HEREBY CERTIFY That I attended deceased from March 8 1936 to March 20 1936
I last saw her alive on Mar. 20 1936 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset

Other contributory causes of importance:
107a

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) Dr. Kelley M. D.
Lucy M.

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.

