APR 23 1936

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

Do not use this space.

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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.

1. PLACE OF DEATH

County **Pettis**

Township

City **Sedalia** (No. **215 S. Grand Ave.**

Registration District No. **668**

Primary Registration District No. **3032**

File No.

Registered No. **668**

St. Ward.

2. FULL NAME **Jerusha Patton**

(a) Residence, No. **215 S. Grand** St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF **David**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 11, 1853**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
	82	5	4	day, ...hrs. or ....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) **Illinois**
(STATE OR COUNTRY)

FATHER

13. NAME **Bolan Hare**

14. BIRTHPLACE (CITY OR TOWN) **Kentucky**
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME **Don't Know**

16. BIRTHPLACE (CITY OR TOWN) **"**
(STATE OR COUNTRY)

17. INFORMANT **Mrs. Mary Patton**
(ADDRESS) **Kansas City Mo**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Crown Hill** DATE **March 17** 19 **36**

19. UNDERTAKER **Gillespie Funeral Home**
(ADDRESS) **Sedalia Mo**

20. FILED **3-17-19 36** Jean Slack
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 15, 19 36**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 10**, 19 **36**, to **Mar. 13**, 19 **36**

I last saw her alive on **Mar. 14**, 19 **36** Death is said to have occurred on the date stated above, at **1:30 P.** m.

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

Cerebral Hemorrhage

Date of onset **Feb. 17, 36**

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Other contributory causes of importance: arterio sclerosis + myo. cardial

Name of operation **none** Date of **none**

What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **No** 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 **none**

(Signed) Chas. McNeil , M. D.

(Address) Sedalia Mo.