

AUG 19 1936

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

Do not use this space.

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## 1. PLACE OF DEATH

County Stark Registration District No. 282  
Township Franklin Primary Registration District No. 5401  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 38

## 2. FULL NAME

Audra Guignell Patton  
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>—</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 30, 1934</u>		
7. AGE	YEARS	MONTHS
<u>1</u>	<u>8</u>	<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>—</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>—</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>—</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME J. C. Patton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.15. MAIDEN NAME Dolores Lancaster16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Father  
Clampson Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mo Ireland DATE 7/2 193619. UNDERTAKER (ADDRESS) Laudys Funeral Home  
Clampson Mo20. FILED July 27, 1936 Edw. Landess Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1936

22. I HEREBY CERTIFY That I attended deceased from June 24, 1936, to July 1st, 1936.  
I last saw her alive on July 1st, 1936. Death is said to have occurred on the date stated above, at 6:40 A.M.

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

Acute Dec. ColitisDate of onset  
5 days

Other contributory causes of importance:

Numerous Ascaris Lumbricoides

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 \_\_\_\_\_, 1936

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) John Van Derve, M. D.(Address) Mullen Mo

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.

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less love attached

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contrib cause.

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numerous ascaris  
lumbricoides.