

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.

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

Do not use this space.

OCT 15 1936

34393

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo (No. 1092)

Registration District No. 399
Primary Registration District No. 1092
Mersey Hospital

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Barbara Patton

(a) Residence, No. 3839 Garfield
(Usual place of abode)

St. _____ Ward _____
(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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) KCMO

13. NAME Barbara W Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POAHOKE MO

15. MAIDEN NAME MILLIE C Witham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEET SPRING

17. INFORMANT (ADDRESS) Whisper Patton
3839 Garfield

18. BURIAL, CREMATION, OR REMOVAL buried
PLACE Spring Grove DATE Sept 9, 1936

19. UNDERTAKER (ADDRESS) Poland Smith
1234

20. FILED Sept 7, 1936 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-20-36, 1936, to 9-7-36, 1936.

I last saw her alive on 9-6-36, 1936. Death is said

to have occurred on the date stated above, at 4 AM.

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

Malaria T. B. C. Beriberi
T. B. C. Meningitis
Date of onset 9-1-36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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) Russell W. Brown, M. D.

(Address) 1234

