

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

Do not use this space.

AUG 27 1936

1. PLACE OF DEATH

County Phelps  
Township \_\_\_\_\_  
City Rolla

Registration District No. 677  
Primary Registration District No. 4403  
(No. Rolla Hospital)

File No. 48659  
Registered No. 84  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eva Frances 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1936  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Still born

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) Rolla, Mo.  
(STATE OR COUNTRY)

13. NAME John Herbert Patton

14. BIRTHPLACE (CITY OR TOWN) Ind., Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Frances Mildred Banks

16. BIRTHPLACE (CITY OR TOWN) Rector, Mo.  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Frances Patton  
(ADDRESS) Rector, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Rector, Mo. DATE July 19, 1936

19. UNDERTAKER None—John Herbert Patton  
(ADDRESS) Rector, Mo.

20. FILED July 19, 1936 Jos. F. Ayers  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 11:20 A.M.  
The principal cause of death and related causes of importance were as follows:

Stillborn, (Missed labor)  
(10 months gestation)

Date of onset

Other contributory causes of importance:

Acute nephritis

3 months

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

(Signed) William H. Sherr, M. D.

(Address) St. James, Mo.

