

MAR 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

 County Barton
 Township Newport
Registration District No. 1008Primary Registration District No. 5057File No. 4925Registered No. 2

City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Ida 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E.W. Patton6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26th, 1876
 7. AGE YEARS 60 MONTHS 2 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Geneva, Iowa (STATE OR COUNTRY)13. NAME Jonathon Manifold14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)15. MAIDEN NAME Eunice Benson16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)17. INFORMANT E.W. Patton (ADDRESS) Lamar, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Cemetery DATE 2/15/37 193719. UNDERTAKER River Funeral Home (ADDRESS) Lamar, Mo.20. FILED Feb 13 1937 J. W. Wise Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12th, 193722. I HEREBY CERTIFY, That I attended deceased from December, 1935, to Feb. 10, 1937.I last saw her alive on Feb. 10, 1937. Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Carcinoma of Rectum with obstructionTransitionOther contributory causes of importance: NoneName of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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?
If so, specify _____(Signed) John T. Bickel, M. D.
(Address) Lamar, Mo.

Date of onset

1935Sept. 1936

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.

