MAR 25 1937

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

Do not use this space.

File No. 12010

Registered No.

1. PLACE OF DEATH

County: Grundy — Registration District No. 328 — Primary Registration District No. 3017

Township: Trenton

City: " (No. , St. Ward)

2. FULL NAME Mrs Emma A. Patton

(a) Residence, No. R. F. D Trenton St., Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John B. Patton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) (STATE OR COUNTRY) Grundy County

FATHER

13. NAME Resin Clapp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Nancy Adkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT M. Ray Dearing
(ADDRESS) Fort Madison, Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cemetery DATE Mar. 21, 1937

19. UNDERTAKER Hendley Funeral Home
(ADDRESS)

20. FILED 3-20, 1937 Irene D. Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1937, to Mar 18, 1937

I last saw her alive on Mar 18, 1937. Death is said to have occurred on the date stated above, at 11 P m.

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

	Date of onset
Intestinal obstruction	Mar 15
from incarcerated hernia	1937
22 A	

Other contributory causes of importance: Post operative hernia & adhesions

Name of operation No Date of 3/15/37

What test confirmed diagnosis? — Was there an autopsy? No

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

If so, specify

(Signed) [illegible] M. D.

(Address) Trenton 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.