

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

Do not use this space.

JUN 17 1937

10694

1. PLACE OF DEATH

11. County Cape Girardeau

Registration District No. 120

File No.

1. Township

Primary Registration District No. 3009

Registered No. 175

City Cape Girardeau (No. St. Francis Hospital St. 175 Ward)

2. FULL NAME

(a) Residence, No. Mary E. Patterson
P.O. #41 Cape 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)

Married

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

Eusea Patterson

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

6-2-1890

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

41

11

29

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

Housework

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)

Lafayette Louisiana

13. NAME

Layland

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

Don't Know

15. MAIDEN NAME

Don't Know

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

Don't Know

17. INFORMANT (ADDRESS)

Sarah Patterson
Cape Girardeau, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Cemetery DATE June 2 1937

19. UNDERTAKER (ADDRESS)

Hawaii Funeral Home
Cape Girardeau, Mo

20. FILED

- 31 1937
Jim. Thompson
 Registrar.

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

May 31 1937

22. I HEREBY CERTIFY, That I attended deceased from

Det. 1936 to May 31, 1937

I last saw her alive on May 31, 1937 Death is said to have occurred on the date stated above, at 8:10 P.M.

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

Carcinoma of Cervix

Date of onset

19

Other contributory causes of importance:

Name of operation Radiation Therapy Date of 1937

What test confirmed diagnosis? St. Francis Was there an autopsy? 1

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) J. Hunter Hargrett M. D.

(Address) Cape Girardeau Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

