

REC'D JUN 24 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County *Greene*  
Township *West Benton*  
City (No. St. Ward)Registration District No. *901*  
Primary Registration District No. *6209*File No. *19844*  
Registered No. *34*

## 2. FULL NAME

*Patie Ann Huston*  
(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 (write the word) *Married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J. J. Huston*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 20/1871*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*67 3 25*OCCUPATION  
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ga.*FATHER  
13. NAME *Newton Charles*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ga.*MOTHER  
15. MAIDEN NAME *Thompson*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ga.*17. INFORMANT *J. J. Huston*  
(ADDRESS) *Rogersville mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *Smith Hill cem* DATE *May 15 1938*19. UNDERTAKER *Kelly & Ferrell*  
(ADDRESS) *Rogersville mo*20. FILED *5717* 1938 *J. C. Bassore*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 13*, 19*38*22. I HEREBY CERTIFY, That I attended deceased from *5-9*, 19*38*, to *5-13*, 19*38*I last saw her alive on *5-13*, 19*38* Death is saidto have occurred on the date stated above, at *2:15* p. m.

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

*Carcinoma of stomach* Date of onset *(?)*Other contributory causes of importance: *Hb B*

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 19Where 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) *J. C. Bassore*, M. D.*819* (Address) *Rogersville 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.

