

SEP 21 1938

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

28750

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
(b) Township Gallatin Primary Registration District No. 4150 Registered No. 26
(c) City Gallatin (d) Street No. 350
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joanne Patton

(a) Residence, No. Princeton, Mo. St. Princeton, Mo.
(Usual place of abode, if no street address, write county or city) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) XXX 11. Total time (years) spent in this occupation XXX

12. BIRTHPLACE (CITY OR TOWN) Chillicothe
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Dean Alderson Patton
14. BIRTHPLACE (CITY OR TOWN) Daviess Co.
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Minnick
16. BIRTHPLACE (CITY OR TOWN) Lock Springs
(STATE OR COUNTRY) Missouri

17. INFORMANT Dean A. Patton
(ADDRESS) Princeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin, Mo. DATE Aug. 21 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Und. Co.
(ADDRESS) Gallatin, Missouri

20. FILED Aug 21, 1938 H. C. Hope
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1938 to Aug. 19 1938
I last saw her alive on Aug. 19 1938 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral-spinal meningitis Date of onset

Other contributory causes of importance:

Name of operation Laboratory Date of no
What test confirmed diagnosis? Laboratory Is there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) A. E. Minnick M. D.
(Address) Lock Springs, Mo.

79A-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Callatin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28750

Do not use this space.

1. PLACE OF DEATH

(a) County Davess Registration District No. 250
(b) Township _____ Primary Registration District No. 4150 Registered No. 26
(c) City Gallatin (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Joanne Patton St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1938

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 m.

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

Cerebral Spinal meningitis
Pneumonia - contagious
Date of onset

Other contributory causes of importance: 75

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?

If so, specify

(Signed) A. G. Mignone M. D.

(Address) 2610 S. Main St.

1938

S-28750