

REC'D DEC 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Franklin*Township *Center*City *Edina*Registration District No. *441*Primary Registration District No. *4259*File No. *39570*Registered No. *33*

St. _____

Ward _____

2. FULL NAME *Anna M. 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 *20* yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.*4. COLOR OR RACE *W.*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF *C. J. Patton*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 7, 1884*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.*54**8**4*

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) *4 days*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Princeton Mass. Germany*

MOTHER FATHER

13. NAME *William Busse*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Germany*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*17. INFORMANT *Mrs. Leland S. Wood*
(ADDRESS) *Edina, Mo.*18. BURIAL, CREMATION, OR REMOVAL *Lincoln Cemetery*PLACE *Edina, Mo.*DATE *Nov. 13*

1938

19. UNDERTAKER *L. B. Kelly*
(ADDRESS) *Edina, Mo.*20. FILED *Nov 13*

1938

*Mr. C. M. Smith**Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 8*, 193822. I HEREBY CERTIFY, That I attended deceased from *Nov. 8*, 1938, to *Nov. 11*, 1938I last saw her - alive on *Nov. 11*, 1938 Death is said to have occurred on the date stated above, at *8:30* a.m.

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

Paralysis due to Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: *none*

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) *M. S. Luman*

M. D.

Address *Edina, Mo.**Edina, 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.

X 7234

RECEIVED

District Health Officer No. 10

District File Number 10-38-649

Date Filed 12-17-38