

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.

REC'D APR 25 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11999

Do not use this space.

1. PLACE OF DEATH

(a) County W Registration District No. Y 33
 (b) Township _____ Primary Registration District No. 4438 Registered No. _____
 (c) City Huntsville (d) Street No. _____
 (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

350 ALICE JANE PATTON
 (a) Residence, No. Huntsville, Mo 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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert L. Patton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1864
 7. AGE YEARS 75 MONTHS 0 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Virginia

FATHER 13. NAME Levy M. Cormac

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

MOTHER 15. MAIDEN NAME Rachael Ann Holliday

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

17. INFORMANT (ADDRESS) Mr. Tom B. Patton
Huntsville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE March 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton
Huntsville, Mo

20. FILED Apr-1- 1939 Mr. D. A. Peruchart
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov-15 1938 to Mar. 6 1939

I last saw her alive on Mar. 6 1939. Death is said to have occurred on the date stated above, at 1 p.m.

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

Chl. Myocarditis
Hypertension

Date of onset
D.K.
D.K.

Other contributory causes of importance: 130

Name of operation None Date of _____

What test confirmed diagnosis? Exam 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) Philip Dreyer, M. D.

(Address) Huntsville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-121

Date Filed APR 19 1939

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, _____

_____, or by Paul J. Patton

Registered Apprentice No. 142, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

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