AUG 4 1939

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

25224
Do not use this space.

1. PLACE OF DEATH
(a) County CALLAWAY — Registration District No. 104
(b) Township or City FULTON — Primary Registration District No. 3008 — Registered No. 194
(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 LAURA MYERS PATTON
(a) Residence, No. ____ St.
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 31. 1852

7. AGE: Years 86 | Months 10 | Days 15 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Booneville Missouri

FATHER
13. NAME MYERS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIR.

MOTHER
15. MAIDEN NAME HICKOX
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MISS GRACE PATTON FULTON, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hill Crest Fulton DATE July 17 1939

19. FUNERAL DIRECTOR (NAME) Glen Y. Maupin
(ADDRESS) 700 Court St Fulton, Mo.

20. FILED July 17 1939 R. N. Crouch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1939

22. I HEREBY CERTIFY, That I attended deceased from March 4 1939 to July 15 1939
I last saw her alive on July 15 1939. Death is said to have occurred on the date stated above, at midnight
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Other contributory causes of importance:	

Name of operation ____ Date of ____
What test confirmed diagnosis? Clinical 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) R. N. Crouch, M. D.
(Address) Fulton 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.

(Licensed Embalmer's Statement on Reverse Side)

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 John D. Batchelder, Registered Apprentice No. 192 working under my personal supervision.

Signed Glen G. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, Mo.

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

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