

SEP 6 1939

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

28279

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township 1st Primary Registration District No. 1002  
 (c) City J.C. Mo. (d) Street No. Genl Hosp. No. 21 Registered No. 3281  
 (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. 350 Emma (Williams Allen) Patton  
901 E. 16th 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<br><u>female</u>                                                                             | 4. COLOR OR RACE<br><u>Colored</u>                          | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marshall Patton</u>                 |                                                             |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-4-1888</u>                                             |                                                             |                                                                             |
| 7. AGE<br>YEARS<br><u>51</u>                                                                        | MONTHS<br><u>7</u>                                          | DAYS<br><u>8</u>                                                            |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u> |                                                             |                                                                             |
| 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) <u>Weston Mo.</u>                                  |                                                             |                                                                             |
| FATHER                                                                                              | 13. NAME <u>Unknown</u>                                     |                                                                             |
| FATHER                                                                                              | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> |                                                                             |
| MOTHER                                                                                              | 15. MAIDEN NAME <u>Emma (Unk)</u>                           |                                                                             |
| MOTHER                                                                                              | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> |                                                                             |
| 17. INFORMANT (ADDRESS) <u>Record Clerk General Hosp</u>                                            |                                                             |                                                                             |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u> DATE <u>9-19-1939</u>                     |                                                             |                                                                             |
| 19. FUNERAL DIRECTOR (ADDRESS) <u>Addison City</u>                                                  |                                                             |                                                                             |
| 20. FILED <u>Aug 19 1939</u> <u>In. M. Crook assn</u> Local Registrar                               |                                                             |                                                                             |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-17 1939 to 8-12 1939.  
 I last saw him alive on 8-12 1939. Death is said to have occurred on the date stated above, at 2:25 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Malignant Degeneration of a Fibroid Tumor Uterus (Not C.A.) Date of onset 1939  
 Other contributory causes of importance:  
Pyelo nephrosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) G. C. Brewer M. D.  
 (Address) General Hospital

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Edw. G. Evans

Licensed Embalmer No. 3836

**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.)**