

24 1228

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

Do not use this space.

29892

1. PLACE OF DEATH  
Callaway

County.....

Registration District No. 104

File No.....

Township.....

Primary Registration District No. 3008

Registered No. 174

City.....

(No. ....)

St. .... Ward)

2. FULL NAME Margret Emma 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/8 1868

7. AGE

60

YEARS

MONTHS

8

DAYS

7

IF LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

10. NAME OF FATHER John Parker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann. Lenox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Irland (STATE OR COUNTRY)

14. INFORMANT Mr. J. J. Patton (Address) R.F.D. Fulton Mo.

15. FILE 9-17 19 28 R. N. Crew REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15 19 28

17. I HEREBY CERTIFY, That I attended deceased from Sept 14 19 28, to Sept 15 19 28

that I last saw h. alive on Sept. 15 19 28, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diabetic Coma 59 (duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) 514 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) O. D. Ferguson, M. D.

, 19 (Address) Fulton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Prarie Chapple

9/17 19 28

20. UNDERTAKER Herndon Taylor

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.

