

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.

33 1931

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

Do not use this space.

4725

1. PLACE OF DEATH
 County Butter Registration District No. 89
 Township _____ Primary Registration District No. 3007
 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth W. Patton
 (a) Residence, No. 224 S. 6TH 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 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 John Patton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson County, Tenn.

13. NAME John Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Tenn.

15. MAIDEN NAME not known

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

17. INFORMANT E. J. Patton (ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City DATE 2-23 1931

19. UNDERTAKER Franklin & Co (ADDRESS) Poplar Bluff

20. FILED Feb 24, 1931 [Signature] Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2-21, 1931 to 2-22, 1931.
 I last saw her alive on 2-21, 1931. Death is said to have occurred on the date stated above, at 3:50 m.
 The principal cause of death and related causes of importance were as follows:
Fractured femur
fat embolism caused from fracture
 Date of onset 19

Other contributory causes of importance:
fat embolism caused from fracture

Name of operation none Date of _____
 What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? prejudicial Date of injury 2-21, 1931
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
In home
 Manner of injury fall down factory stairs
 Nature of injury fractured femur

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify Domestic
 (Signed) [Signature], M. D.
 (Address) Poplar Bluff



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Rutler Registration District No. 89 File No. _____
 Township _____ Primary Registration District No. 3007 Registered No. 45-
 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth W. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) wid

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1931
17. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____
 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. OR _____ min.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Fragile femur
accidental fall in her home

CONTRIBUTORY (SECONDARY) 186c

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) _____, M. D.
 _____, 19____ (Address)

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

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT _____
 (Address) _____

*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
	19____
20. UNDERTAKER	ADDRESS

15. FILED Apr 23 1931 R. J. Clark
 REGISTER

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
 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.

SUPPLEMENTARY

S-4725