

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.

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

Do not use this space.

31676

SEP 19 1934

1. PLACE OF DEATH

113 County Stoddard
Township Rickland
City _____ (No. _____)

Registration District No. 839
Primary Registration District No. 6101

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Helma 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1913
7. AGE YEARS 21 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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) Stoddard Co. Mo.

13. NAME William Patton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Co. Tennessee

15. MAIDEN NAME Nancy Joseph
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) William Patton, Mechanicsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke's DATE Aug 16 1934

19. UNDERTAKER (ADDRESS) J. J. Wells, Lexington, Mo.

20. FILED Aug 15 1934 J. P. Brownlow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934 to Aug 1 1934

I last saw her alive on Aug 1 1934 Death is said to have occurred on the date stated above, at 7-9 a.m.

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

Acute Carditis Date of onset _____
95 19
95 19
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. P. Brownlow, M. D.
(Address) Lexington, Mo.

