

NOV 7 1936

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

Do not use this space.

36537

1. PLACE OF DEATH

County Chair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 3001  
City Kirkville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 241

2. FULL NAME Sarah Ann Patten

(a) Residence, No. R.R. 7 Kirkville 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF W. W. Patten

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 - 1936 to Oct 20, 1936  
I last saw h. w. alive on Oct 20, 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1847

to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
89 7 8

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm-woman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. agriculture  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

cerebral hemorrhage  
Other contributory causes of importance:  
senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) See County, Iowa

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

MOTHER FATHER 13. NAME Thomas Norworthy

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

MOTHER FATHER 15. MAIDEN NAME Mary Hart

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) J. P. Patten Modesto, Calif.

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Bullion DATE Oct. 26, 1936

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Davis & Wilson Kirkville, Mo.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

20. FILED Oct. 22, 1936 Spencer Freeman Registrar.

(Signed) R. A. Ellis, M. D.

(Address) Kirkville, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

