

JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
Township Lincoln
City Lincoln (No. _____)

Registration District No. 469
Primary Registration District No. 5630

24133

File No. _____
Registered No. 14 (Ward _____)

2. FULL NAME

Abbie Gill Hoppen Patton

(a) Residence, No. Miller Mo St. _____ Ward. _____

Length of residence in city or town where death occurred see life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. 9 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) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 6-13-1937 to 6-13-1937

I last saw h. alive on 6-13-1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-1856

to have occurred on the date stated above, at 2:45 p.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.
80 10 28

Cerebral apoplexy Date of onset _____

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 see life

Other contributory causes of importance: 8221

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Thomas Hoppen

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

15. MAIDEN NAME Mahalie Davis

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

17. INFORMANT Henry Patton (ADDRESS) Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sennasboro DATE 6-15-1937

19. UNDERTAKER Morning & Rainey (ADDRESS) Miller Mo.

20. FILED 7-10-1937 T. C. & Bruner Registrar.

Name of operation clinical 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? Y
If so, specify _____
(Signed) E. J. & Bruner, M. D.
(Address) Miller Mo.

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

OCCUPATION
FATHER
MOTHER

17A