

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

Do not use this space.

3
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SEP 21 1937

1. PLACE OF DEATH

County Newton

Township Neosho

City Neosho

Registration District No. 609

Primary Registration District No. 4363

No. Reynolds Hospital

File No. 31336

Registered No. 91

St. _____

Ward _____

2. FULL NAME Margaret Jane Patton

(a) Residence, No. Neosho R.F. #3

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds.

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

How long in U. S., if of foreign birth?

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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1845

7. AGE

YEARS 92

MONTHS 3

DAYS 70

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

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) Jane Missouri

FATHER

13. NAME William Davenport

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown North Carolina

MOTHER

15. MAIDEN NAME Malinda Gamble

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

17. INFORMANT (ADDRESS) D.M. Rodney Neosho Mo R #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cemetery DATE August 12, 1937

19. UNDERTAKER (ADDRESS) Earley Thompson Neosho Mo

20. FILED 8-17 1937 Onalaska Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1937

I HEREBY CERTIFY, that I attended deceased from July 19, 1937, to August 10, 1937

I last saw him alive on August 10, 1937. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Fractured hip

Date of onset _____

Other contributory causes of importance: 1860

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. Reynolds

(Address) Neosho Mo

_____, M. D.

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

194B

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31336

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
 (b) Township _____ Primary Registration District No. 4363 Registered No. _____
 (c) City Neosho (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Jane Patton

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
92 3 7

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

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

Fractured hip

Date of onset

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

Other contributory causes of importance:

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 7-19, 1937

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

Where did injury occur Neosho Mo
 (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury Fall from porch

PLACE _____ DATE _____, 19____

Nature of injury fractured hip

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

20. FILED 11-1, 1937 onaldson
 Local Registrar.

(Signed) J. P. Reynolds, M. D.

(Address) Neosho Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-31336