JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry — Registration District No. 14 — File No. 45488

Township — Primary Registration District No. 4211 — Registered No. 209

City Windsor (No. , St. Ward)

2. FULL NAME Mrs. Jane M. Patten

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 31, 1841

7. AGE: YEARS 96 — MONTHS 1 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home maker
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): Millersburg Ky.

FATHER

13. NAME: John Nesbit
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: Sarah Steele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Miss Jessie Patten, Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montrose, Mo. DATE Dec. 12, 1937

19. UNDERTAKER (ADDRESS): Huston-Turner, Windsor, Missouri

20. FILED Dec 12 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1937, to Dec. 9, 1937

I last saw her alive on Dec. 9, 1937. Death is said to have occurred on the date stated above, at 9:30 a m

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

Cerebral Thrombosis — Date of onset 11-8-37

131

Other contributory causes of importance: Chronic Bright's Disease

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? no

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? no

If so, specify

(Signed) T. A. Blackmore, M. D.

(Address) Windsor, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK