

REC'D MAR 14 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1012  
 City Kansas City (No. St Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 5463  
529

## 2. FULL NAME

Eleanor Josephine Patton 350  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Parkville, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 2 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles W. Patton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17 1913</u>		
7. AGE	YEARS	MONTHS
<u>24</u>	<u>2</u>	<u>7</u>
		DAYS
		<u>14</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>0</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parkville, Mo.</u>		
FATHER	13. NAME <u>Walter F. Sanders</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Silver Lake, Kan.</u>	
MOTHER	15. MAIDEN NAME <u>Astrid Julien</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stockholm, Sweden</u>	
17. INFORMANT <u>Charles W. Patton</u> (ADDRESS) <u>Parkville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove</u> GATE <u>63</u> (117)		
19. UNDERTAKER (ADDRESS) <u>Parkville</u>		
20. FILED <u>Feb 1</u> 19 <u>38</u> <u>M. M. Browne</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 193822. I HEREBY CERTIFY, That I attended deceased from May 6 1937 to Jan 31 1938I last saw her alive on 9 24 PM 1938. Death is said to have occurred on the date stated above, at 8:25 m.

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

Bilateral Pulmonary Tuberculosis Date of onset 9 mo.Other contributory causes of importance:  
Acute Pulmonary Hemorrhage 4 daysName of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? X-rays Was there an autopsy? Yes23. 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? NoIf so, specify Wilson A. Myers M. D.(Address) 815 Shubert St. Bidley - Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X314

