

MAY 22 1939

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

15654  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Newton Registration District No. 614  
(b) Township Granby Primary Registration District No. 5876  
(c) City or Town Granby (d) Street No. 46 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 Loia Belle Patterson

(a) Residence, No. 46 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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

12. BIRTHPLACE (CITY OR TOWN) Pleasant Hope  
(STATE OR COUNTRY) Missouri

13. NAME Robert W. Fullerton

14. BIRTHPLACE (CITY OR TOWN) Pleasant Hope  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Clemantine Albright

16. BIRTHPLACE (CITY OR TOWN) Pleasant Hope  
(STATE OR COUNTRY) Missouri

17. INFORMANT Ralph Patterson  
(ADDRESS) Neosho Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho I.O.O.F. DATE April 13, 1939

19. FUNERAL DIRECTOR (NAME) Corley Thompson  
(ADDRESS) Neosho Missouri

20. FILED 4-14 1939 Local Registrar (Address) Neosho, MO.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from October, 1934 to April 11, 1939  
I last saw her alive on Oct. 10, 1939 Death is said to have occurred on the date stated above, at 6:45 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of pelvis

Date of onset

Other contributory causes of importance:

Originating in uterusName of operation Exploratory Date of 10-5-34What test confirmed diagnosis? Lab. r. v. aut. Were 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) Dr. A. Sale, M. D.

(Address) Neosho, MO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Gail R. Gay*

Registered Apprentice No. *189*

working under my personal supervision.

Signed.....

*Barley Thompson*

Licensed Embalmer No. *3259*

P. O. Address:.....

*Neosho Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**