

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

Do not use this space.  
**37602**

**JAN 26 1927**

**1. PLACE OF DEATH**

County Monroe  
Township Paris  
City Paris (No. ....) St. .... Ward)

Registration District No. 574  
Primary Registration District No. 5772a

File No. 1927  
Registered No. 12

**2. FULL NAME**

Fannie Belle Patten

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Frank M Patten

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-20-81

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
46 9 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Manuscripting  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

10. NAME OF FATHER Jno W Hutchinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) In Car

12. MAIDEN NAME OF MOTHER Judy Hutchinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) In Car

14. INFORMANT R. S. Hutchinson (Address) Bonville Mo

15. FILED 12/1, 1927 Stamer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-1-27

17. I HEREBY CERTIFY That I attended deceased from 11 27, 1927 to 12-1-27, 1927 (that I last saw him alive on 11-30-27, 1927 and that death occurred, on the date stated above, at 7:30 a.m.)

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Septicemia Cerebral thrombophlebitis  
8213

(duration) yrs. mos. da. 3

**CONTRIBUTORY (SECONDARY)**

74001  
(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, DATE OF .....

DID AN OPERATION PRECEDE DEATH, DATE OF .....

WAS THERE AN AUTOPSY? .....

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) D. L. Meredith, M. D. (Address) Paris, How Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mo Zion Cem DATE OF BURIAL 12/3 1927

20. UNDERTAKER Fullerich ADDRESS Paris, 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.

