

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

Do not use this space.

5916
St. Louis

1. PLACE OF DEATH

County *St. Louis*
Township *Boonville*
City *Boonville* (No.)

Registration District No. *218*
Primary Registration District No. *3015*

File No.
Registered No. *23*
St. Ward)

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 16 - 1860*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 5 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(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) *Missouri*

10. NAME OF FATHER *J. L. Patton*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

12. MAIDEN NAME OF MOTHER *Louisa May*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Lepus Mo.*

14. INFORMANT (Address) *Mrs. Harry Kramer Boonville Mo*

15. File No. *644-1929* *St. Louis* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 3 - 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 22 - 1929*, to *Feb 3 - 1929*, and I last saw him alive on *Feb 27 - 1929*, and that death occurred, on the date stated above, at *1:50 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis
106 B
126 B

CONTRIBUTORY *Acute Bronchitis* (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? (IF NOT AT PLACE OF DEATH) (duration) yrs. mos. ds.

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF ... WAS THERE AN AUTOPSY? *No* WHAT TEST CONFIRMED DIAGNOSIS? *St. Louis* (Signed) *J. R. Smith*, M. D.

St. Louis (Address) *Boonville 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 *Lepus Mo. bur.* DATE OF BURIAL *Feb 4 1929*

20. UNDERTAKER *Edmund & Boller Boonville Mo* ADDRESS

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.

MAR 21 1929

