

FEB 17 1937

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

Do not use this space.

1916

1. PLACE OF DEATH

County Jefferson Registration District No. 420
Township Wagle Primary Registration District No. 2022
City Desoto Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Barbara Angeline Paton
(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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Z. J. Paton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 - 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) Bonne Terre Mo

13. NAME Jackson House

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seu.,

15. MAIDEN NAME Rieger

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

17. INFORMANT Howard Paton (ADDRESS) Hillsboro Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wase Cemetery DATE Jan 14 1937

19. UNDERTAKER Francis W. Barwick (ADDRESS) Crystal City Mo

20. FILED Jan 31 1937 Mary Paendergart (Address) Desoto, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 6 1937 to Jan 12 1937

I last saw her alive on Jan 11 1937 Death is said to have occurred on the date stated above, at _____ m.

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

Prolonged Labor pneumonia Date of onset 11/7/37

Other contributory causes of importance:

Influenza 11/6/37

Name of operation None Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? _____

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) W. E. Gibson, M. D.

(Address) Desoto, 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.

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