

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

Do not use this space.

31729

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City (No. _____) _____

Registration District No. 773
Primary Registration District No. 6018A

File No. _____
Registered No. 143
St. _____ Ward _____

2. FULL NAME

Mary L. Dutton
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20, 1835

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>94</u>	<u>1</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(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) St. Charles Co, Mo

10. NAME OF FATHER James Patterson

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

12. MAIDEN NAME OF MOTHER Married Holcomb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Salem, N.C

14. INFORMANT Laura Dutton
(Address) Farmington Mo

15. FILED Oct 1, 19 29 J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1929, to Sept 29, 1929, that I last h. alive on Sept 27, 1929, and that death occurred, on the date stated above, at 9:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterial Sclerosis -

97

(duration) 3 yrs. mos. da.

CONTRIBUTOR (SECONDARY) 910

(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) G. L. Watkins, M. D.

9-30, 1929 (Address)

*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 Patterson, near 3 Rivers DATE OF BURIAL 10-1 1929

20. UNDERTAKER Wendenk Med Co ADDRESS Jcton, 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.

THIS IS A PERMANENT RECORD

4
24 1929

