

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.

FEB 24 1936

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

Do not use this space.

2642

1. PLACE OF DEATH

County Ray
Township Richmond
City Ray

Registration District No. 744
Primary Registration District No. 3035
(No. 5971-15)

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Margaret M. Patton

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1855
7. AGE YEARS 80 MONTHS 2 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Merces Co Mo
13. NAME Robert Covey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
15. MAIDEN NAME Margaret Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
17. INFORMANT Rosario Roberson
(ADDRESS) 51 Spring Bay Del
18. BURIAL, CREMATION, OR REMOVAL PLACE New Garden DATE 1-20-1936
19. UNDERTAKER Robson
(ADDRESS) Merces Mo
20. FILED 2-10 1936 E. E. Hay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1936
22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 am.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Other contributory causes of importance Arterio-Sclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there 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) E. E. Hay
(Address) Ray Co Richmond Mo

