PERSONAL AND STATISTICAL PARTICULARS DATE OF DEATH AUGUST. O 19. 1917. (Moeth) (Day) (Year) AGE O 19. 29. ds. OI day, his and that death occurred on the date stated above, at I day, his and that death occurred on the date stated above, at I day, his and that death occurred on the date stated above, at I day, his and that death occurred on the date stated above, at I day and the employed (or employer) BIRTHPLACE OF FATHER OF FATHER I HEREBY CERTIFY, that tategade deceased that and that death occurred on the date stated above, at I day, his and that death occurred on the date stated above, at I day, his and that death occurred on the date stated above, at I day, his and the employed (or employer) BIRTHPLACE OF FATHER OF FATHER I HEREBY CERTIFY, that tategade deceased I HEREBY CERTIFY, that tategade decea	Cour	Ruch	of Death anan.		MISSOURI STATE BOARD OF HEALT BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH				
VIDER St. JOBEDN, (NO. 1602 SOUTH 11th Street.st. Ward) III depth south begins of the sad number of the south sout						CL NO	FII	4358	48
CHY ST. JOSEPh, (No. 1602 SOUTH 11th Street. St. Ward) FULL NAME Harold: E Patton. PERSONAL AND STATISTICAL PARTICULARS SEX OOLOG OR RACE SHOULD STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX OLOG OR RACE SHOULD STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF BIRTH AUGUST. 19. 1917. AGE O SOUNDATION (Month) (Day) (Year) AGE O STATISTICAL PARTICULARS AUGUST. 19. 1917. AGE O SOUNDATION (Month) (Day) (Year) AGE O STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH FEDURARY. 8. (Month) (Day) (Year) I HERREN CERTIFY, that tattended deceased on the date stated above, at 10 or min.? The CAUSE OF DEATH* was as follows: (A) Trade, profession, or particular kind of work (C) General nature of industry. business, or establishment in which employed (or employer) State of foreign country) St. JO SEPN, MISSOURI. CONTRIBUTORY MARE of Composition of MISSOURI. THERREN CERTIFY, that tattended deceased The CAUSE OF DEATH* was as follows: (Signed) (Ouration) From Month of Missouri (Signed) (Ouration		Ec		F	Filmary Registrati	tion District No. 1001			
FULL NAME HATOLO F Patton. PERSONAL AND STATISTICAL PARTICULARS BEX	or	or St. Joseph. 1602 South				h 11th Street III death occurred			
DATE OF DEATH Male White Male White Manesto Widows Manesto Widows Manesto Widows Manesto Widows Manesto Widows Manesto Widows August. 19. 1917. (Mooth) (Day) (Year) AGE O yes 5 mos 9 ds. or min.? COUPATION (a) Trade, profession, or particular kind of work DATE of DEATH The CAUSE OF DEATH* was as follows: COUPATION (b) General nature of industry, business, or establishment in which employed (or employed) BIRTHPLACE OF FATHER J H Patton. SIRTHPLACE OF MOTHER City or town, State or foreign country) BIRTHPLACE OF MOTHER City or town, State or foreign country) MISSOURI. THESEST THE PROTUCT AND ADDRESS ADDRESS) DATE OF DEATH February. 8. (Mooth) (Mouth) (Dury) (Mouth) (Mouth) (Mouth) (Dury) (Mouth) (Mouth) (Mouth) (Dury) (Matt I last saw himmalive on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth and that death occurred, on the date stated above, at Mouth			7.1				St.;	Ward)	hospital or instit give its NAME is of street and number
Male White words Single. DATE OF BIRTH AUGUST. 19. 1917. (Month) (Day) (Year) AGE O yrs 5 mos 29 ds. or min.7 COOUPATION (a) Trade, profession, or particular kind of work with the moleyord (or employer) BIRTHPLACE (Grown Man, State or foreign country) BIRTHPLACE (Grown Man, State or foreign country) CONTROL NAME OF ATHER Lula M Patton. BIRTHPLACE (Grown Man, State or foreign country) MAME OF MOTHER Lula M Patton. BIRTHPLACE (Grown Man, State or foreign country) MISSOURI. THESABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Land Address (Land or Burnal or Man, State or foreign country) MISSOURI. DATE OF DEATH February. 8. (Month) (Day) (Year) I HEREBY CERTIFY, that-I atteded deceased that 24 cannot be a stated above, at 10 cannot b		PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
DATE OF BIRTH AUGUST. 19. 1917. (Month) (Day) (Year) AGE O yrs 5 mos 29 ds or min.? COOUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Site or forcing country) NAME OF FATHER J H Patton. NAME OF FATHER MAIDEN NAME OF FATHER MAIDEN NAME OF MOTHER LULa M Patton. Signed OF MOTHER City or town, State or forcing country) M1S SOUT1. THEJABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) LAME OF FORMS OF DEATH OF MOST OF MY KNOWLEDGE (Informant) LAME OF HALLON OF MOTHER City or town, State or forcing country) M1S SOUT1. THEJABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) LAME OF FORMS OF DEATH OF MOST OF MY KNOWLEDGE (Informant) LAME OF MOTHER City or town, State or forcing country) M1S SOUT1. THEJABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) LAME OF FORMS OF BURIAL OR REMOVAL M1 AUDULT Cemetery ADDRESS	SEX	COLOR OR RACE MARRIED				DATE OF DEATH	Fahmi	- M12	
DATE OF BIRTH AUGUST. (Month) (Day) (1917. (Year) (Worth) (Worth) (Worth) (Day) (Year) (TLESS then idea) (ITLESS t	Mal	.e' ¹	White	OR DIVORCED	Single.	5			
AUGUST. (Month) (Day) (TESS than iday, hrs. or min.? COOUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) SIRTIPLACE (Gity or town, State or foreign country) MAME OF FATHER MAIDEN NAME OF MOTHER (Gity or town, State or foreign country) MAIDEN NAME OF MOTHER (Gity or town, State or foreign country) MISSOURI. THEJABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (ADDRESS) MODESS (MODESS) MODESS MODESS (MODESS) MODESS MODESS (MODESS) MODESS MODESS MODESS (MODESS) MODESS MODES MODES MODESS	DAT	E OF BIRTH		· · · · · · · · · · · · · · · · · · ·	<u> </u>	1 HER			
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) NAME OF FATHER J H Patton. BIRTHPLAOE (Gry or lown, State or foreign country) BIRTHPLAOE (Gry or lown, State or foreign country) MAIDEN NAME OF MOTHER (Gry or lown, State or foreign country) BIRTHPLAOE (Gry or lown, State or foreign country) MAIDEN NAME OF MOTHER (Gry or lown, State or foreign country) MISSOUTI. THESABaba T HESABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Filed Let 2/181 Advancals If Last saw harralize on the date stated above, at/DG and that death occurred, on the date stated above, at/DG and that death occurred, on the date stated above, at/DG and that death occurred, on the date stated above, at/DG and that death occurred, on the date stated above, at/DG and that death occurred, on the date stated above, at/DG The CAUSE OF DEATH* was as follows: T			·			Jan-2			
O yrs 5 mos 29 ds. or min.? OOOUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLAGE (Giy or town, State or foreign country) BIRTHPLAGE OF FATHER (Ciy or town, State or foreign country) BIRTHPLAGE OF MOTHER (Ciy or town, State or foreign country) BIRTHPLAGE OF MOTHER (Ciy or town, State or foreign country) BIRTHPLAGE OF MOTHER (Ciy or town, State or foreign country) BIRTHPLAGE OF MOTHER (Ciy or town, State or foreign country) BIRTHPLAGE OF MOTHER (Ciy or town, State or foreign country) BIRTHPLAGE OF MOTHER (Ciy or town, State or foreign country) MISSOUTI. THE BABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (ADDRESS) LOS JOHN STATES AND ASSAULTS PLAGE OF BURIAL OR REMOVAL Mt. AUDULTI Cemetery ADDRESS ADDRESS			(Month)	. (1		that I last saw h	• • •		£_ 10
COOUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (Giry or town, State or foreign country) BIRTHPLACE OF FATHER J H Patton. BIRTHPLACE OF FATHER (Ciry or town, State or foreign country) BIRTHPLACE OF MOTHER (Ciry or town, State or foreign country) BIRTHPLACE OF MOTHER (Ciry or town, State or foreign country) MISSOURI. THE CAUSE OF DEATH* was as follows: CONTRIBUTORS (Ouration) FIRST ABLE (Ouration) FIRST ABLE (Signed) (Address) (Address) (Signed) (Sig	AGE		^ E	: 20		10			i abana at 100
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (City or town, State or foreign country) BIRTHPLACE OF FATHER MAIDEN NAME OF MOTHER Lula M Patton. BIRTHPLACE OF MOTHER City or town, State or foreign country) BIRTHPLACE OF MOTHER City or town, State or foreign country) MISSOURI. Contributory			yrs, 2		*. <u>or</u> min.?				a above, at,2.2.2.2.
(b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLAOE OF FATHER J H Patton. BIRTHPLAOE OF FATHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER Lula !(Patton. BIRTHPLAOE OF MOTHER (City or town, State or foreign country) MISSOURI. BIRTHPLAOE OF MOTHER (City or town, State or foreign country) MISSOURI. THEJABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MISSOURI. THEJABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Filed Labora Lab	(a) Trade, profession, or Child					Barrel			
BIRTHPLACE OF FATHER OF HADREN OF MAIDEN NAME OF MAIDEN NAME OF MOTHER City or town, State or foreign country) BIRTHPLACE OF MOTHER City or town, State or foreign country) BIRTHPLACE OF MOTHER City or town, State or foreign country) BIRTHPLACE OF MOTHER City or town, State or foreign country) MISSOUTI. Contributory Contributor Contributor Contributor Contributor Contributor Contributor Cont							eno-	FIRM	mon
BIRTHPLACE (City or town, State or foreign country) St. JOSEPN, MISSOURI. BIRTHPLACE (City or town, State or foreign country) 1111nois. BIRTHPLACE (Green and the parties of the parties	busin	ess, or establ	ishment in			6/1			
(City or town, State or foreign country) St. JOSEPH, MISSOURI. NAME OF FATHER J H PATTON. BIRTHPLAGE OF FATHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER Lula M Patton. BIRTHPLAGE OF MOTHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER Lula M Patton. BIRTHPLAGE OF MOTHER Lula M Patton. BIRTHPLAGE OF MOTHER Lula M Patton. (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos. (Informant) H. Latton (Informant) At place of death? Former or usual residence PLAGE OF BURIAL OR REMOVAL Mt. AUDURT Cemetery ADDRESS ADDRESS ADDRESS						<i>i</i>		17,14	
NAME OF FATHER J H Patton. BIRTHPLACE OF FATHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER LULIA !! Patton. BIRTHPLACE OF MOTHER (City or town, State or foreign country) MISSOURI. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MISSOURI. Contributory (Signed) MISSOURI. (Signed) MISSOURI. State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal. ENGRY RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos of death yrs mos death? Former or usual residence. PLACE OF BURIAL OR REMOVAL Mt. Audurt Cemetery PLACE OF BURIAL OR REMOVAL Mt. Audurt Cemetery ADDRESS ADDRESS	(City o	e town, . orforeign country	st.Jos	eph, Miss	ouri.			УГВ	mos.
BIRTHPLAGE OF FATHER (City or town, State or foreign country) BIRTHPLAGE OF MOTHER Lula M Patton. BIRTHPLAGE OF MOTHER City or town, State or foreign country) BIRTHPLAGE OF MOTHER Lula M Patton. BIRTHPLAGE OF MOTHER (City or town, State or foreign country) Missouri. Length of Residence Length of Residence (City or town, State or foreign country) Missouri. Length of Residence In the of death yrs mos ds. State yrs mos. Where was disease contracted if not at place of death? Former or usual residence PLAGE OF BURIAL OR REMOVAL Mt. Auburt Cemetery Address Address) Longth of Residence Where was disease contracted if not at place of death? Former or usual residence PLAGE OF BURIAL OR REMOVAL Mt. Auburt Cemetery Address Address Address Address Address Lilia M Patton. (Signed) Control of Mother Canses, (I) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. Length of Residence In the of death yrs mos ds. State yrs mos. Where was disease contracted if not at place of death? Former or usual residence PLAGE OF BURIAL OR REMOVAL Mt. Auburt Cemetery Address Address					• • • • • • • • • • • • • • • • • • • •				
OF FATHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER Lula M Patton. BIRTHPLAGE OF MOTHER (City or town, State or foreign country) MISSOURI. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) MISSOURI (Address) (Addr	1-	FATHER J H Patton.				(Duration) Operation mos mos			
MAIDEN NAME OF MOTHER Lula M Patton. *State the Disease Causing Death, or, in deaths from Violent Causes, (i) Heans of Injury; and (2) whether Accidental, Socicidal, or Homicidal. *Ength OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) At place Of death yrs mos ds. State yrs mos. (Informant) **In the of death? *In the of death? **In	<u>م</u>	OF FATUED :							
*State the Disease Cassing Death, or, in deaths from Violent Causes, (1) Heans of Injury; and (2) whether Accidental, Subtidat, or Homicidal. BIRTHPLACE OF MOTHER (City or town; State or foreign country) MISSOURI. THE!ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) (ADDRESS) LULA M PAtton. *State the Disease Cassing Death, or, in deaths from Violent Causes, (1) Heans of Injury; and (2) whether Accidental, Subtidat, or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients of death yrs. mos. ds. State yrs. mos. Where was disease contracted if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL Mt. AUDUM Cemetery ADDRESS ADDRESS ADDRESS	HE -					2-8- "	91. 🎸 (Address	223	11/2 50-
BIRTHPLACE OF MOTHER (City or town, State or foreign country) MISSOUTI. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (ADDRESS) (ADDRESS) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL Mt. AUDUM Cennetery ADDRESS Filled LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted if not at place of death? FORMER OF BURIAL OR REMOVAL Mt. AUDUM Cennetery ADDRESS	4					*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Heans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
THE!ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) for the fatton (ADDRESS) 1602 South 11th fli. Filed Let 2/1918 AS Lauraly M1580Uri. At place of death yrs. mos. ds. State yrs. mos. where was disease contracted if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mt. AUDUM Cemetery Filed Let 2/1918 AS Lauraly UNDERTAKER ADDRESS ADDRESS	_	OF MOTHER .				LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) & Latton (ADDRESS) 1602 South 11 M. L. PLACE OF BURIAL OR REMOVAL Mt. AUDUM Cemetery Filed Let 2/1918 AS Lauraly UNDERTAKER UNDERTAKER ADDRESS ADDRESS						At place In the			
(Informant) for latton (ADDRESS) 1602 South 11th Str. PLACE OF BURIAL OR REMOVAL Mt. AUDUM Cemetery Filed Let 2/1918 HS Lauraly UNDERTAKER ADDRESS ADDRESS	THE34	BOVE IS TRI	JE TO THE BEST	OF MY KNOWLE	DGE	Where was disease	contracted	otatayr	amos
(ADDRESS) 1602 South 11th Str. PLACE OF BURIAL OR REMOVAL Mt. AUDURT Cemetery Febr. 9. 18 Filed Let 2/1918 HS Lauraly UNDERTAKER ADDRESS	(Infor	mant)	H. Pattor	1	-	Former or	Gentary		***************************************
Filed Leb 2/1918 HS Laurales UNDERTAKER ADDRESS						usual residence		,	
Filed Leb 2/1918 Address UNDERTAKER ADDRESS		(ADDRESS)	1602 000	Nh 11-	au.				1m.m. O
Filed 1910 1910 1910 1910 1910 1910 1910 191		_4.1	210	1/86/			Compress	·	
peropuly of a smunghellor 1215 Me, 10 2	Filed ^{<}	Leo		Versa	RECIBERAD	mem l	1.1.1	,	0
	·		— pe	pu	7	WINK XIME	Triculo		J 140,10 A

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age: For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. 'As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement, Never return ."Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), 'may be entered as Housewife, Housework, or At home, and children, not gainfully employed, ' as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given. up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sar-

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which surgi al operation was undertaken. For violent deaths state means of injury and qualify as Accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head homicide; Poisoned by carbolic acid probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

