

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

Do not use this space.

13534

**1. PLACE OF DEATH**

County.....  
Township.....  
City St Louis (No. City 1003)  
Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 3868  
St. .... Ward)

**2. FULL NAME**

Henry Clay Patton  
(a) Residence. No. Franklin Dumfries 25 Ward.  
(Usual place of abode) 6-40 1/2  
Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Patton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13 - 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 2 29

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Wheeler  
(b) General nature of industry, business, or establishment in which employed (or employer) 162  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

10. NAME OF FATHER Geo Patton

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

12. MAIDEN NAME OF MOTHER Leza O'Connell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT (Address) City 1003

15. FILED 22 1927 Mar. 6 Starnes REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27 1927

17. I HEREBY CERTIFY That I attended deceased from Mar 6, 1927, to Apr 27, 1927, that I last saw h. live on Apr 25, 1927 and that death occurred, on the date stated above, at 8:25 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis  
Arterio Sclerosis  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Smoking  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. 900

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. J. Rocky, M. D.

rr. 19 (Address) City 1003

\*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 DATE OF BURIAL

Free Free Cemetery 4-23 1927

20. UNDERTAKER ADDRESS

Arthur J. Homely 2039 Wash

WRITE PENALTY 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.

Patton