

AUG 18 1927

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

Do not use this space.

23449

1. PLACE OF DEATH

County WayneRegistration District No. 8937Township Bluff RiverPrimary Registration District No. 6189City Tashee

(No.)

File No.

Registered No. 24

St.

Ward

2. FULL NAME

(a) Residence. No. John Catton(Usual place of abode) Tashee Mo. St.

Ward.

(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

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Jone Catton

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

Dec. 25 1888

7. AGE

YEARS 68

MONTHS

7

DAYS

2

IF LESS THAN 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Wayne County Missouri

10. NAME OF FATHER

J. C. Catton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Anna Kirkpatrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT Eva Catton
(Address) Tashee, Ind.

15.

FILED July 30 1927Ms. Hattie McPhail

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 27 1927

17.

I HEREBY CERTIFY, That I attended deceased from

, 19....., to

, 19.....

that I last saw him alive on 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrown from load of hay
Killed almost instantly

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? how(Signed) J. P. Greer, M. D.July 27 1927 (Address) Williamsville, Mo.

*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

Catton Cem.Aug 1 1927

20. UNDERTAKER

ADDRESS

A. W. GreerPoplar Bluff

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.

