

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No. 16118
Registered No.
St. Ward)

2. FULL NAME

Earl Wilson Patton

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boone County
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Jason Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone County
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Anna C. Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone County Mo
(STATE OR COUNTRY)

14. INFORMANT Robert J. Patton
(Address) Columbia Mo.

15. FILED 5/19 1928 Beatrice Grubbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-17 19 28

17. I HEREBY CERTIFY, That I attended deceased from April 24 to April 30, 19 28, that I last saw him alive on April 2, 19 28, and that death occurred, on the date stated above, at — m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Congenital Les.
34

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

19. DID AN OPERATION PRECEDE DEATH, ...

20. WAS THERE AN AUTOPSY, ...

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. B. Balthus, M. D.
5/19, 19 28 (Address) Columbia 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 Columbia Cemetery DATE OF BURIAL 5/15 19 28

20. UNDERTAKER Thomas McHarg ADDRESS Columbia 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.

