

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.

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

Do not use this space.

17518

1. PLACE OF DEATH

County Linn
Township Jeff City
City Jeff City (No.)

Registration District No. 417
Primary Registration District No. 2021

File No.
Registered No. 62
St. Ward)

2. FULL NAME

James B. Patton
(a) Residence No. 12th + Madison St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 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) Marrud

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Mrs. Patton
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
71 9 15

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER W. B. Patton

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

12. MAIDEN NAME OF MOTHER Mary Frazier

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

14. INFORMANT Mrs. Patton
(Address) Jeff City, Mo.

15. FILED 5/21/28 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1928

17. I HEREBY CERTIFY That I attended deceased from May 19 1928 to May 19 1928
that I last saw him alive on May 19 1928 and that death occurred, on the date stated above, at 5:47 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Obstruction of Bowels
cause undetermined
122B (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 11802 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) James L. O'Brien, M. D.(Address) Jeff City, 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

Jeff City, Mo. May 22 1928
20. UNDERTAKER Webb & Co. ADDRESS Jeff City

