

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

Do not use this space.

1. PLACE OF DEATH

County.....
Towship.....
City.....

Registration District No. **781**
Primary Registration District No. **1003**
(No. **City Hospital #2**)

File No. **16724**
Registered No. **4848**
St. Ward)

2. FULL NAME

(a) Residence, No. **2229th Market** St., **21** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **18** 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 **Col.** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 6, 1910**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 5 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER **James Patton**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **Lizzie Jones**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)

14. INFORMANT **Anna F. Woodard**
(Address) **City Hospital #12**

15. **FILED 27 1929** **Nov 12 Start Wf**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-22-1929**

17. I HEREBY CERTIFY, That I attended deceased from **4-22-1929** to **4-22-1929**, that I last saw him alive on **4-22-1929**, and that death occurred, on the date stated above, at **6:00 p. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

meningococci meningitis

18 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **24** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Tale**
(Signed) **99, Birmingham** M. D.

. 19 (Address) **2945 Lawton**

*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 **Greenwood** DATE OF BURIAL **4/28 1929**

20. UNDERTAKER **Geo Roberts Under Lucas** ADDRESS **3035**

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.

