

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.

20778

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph (No. 2608 Pacific)

File No.

Registered No. 782St. 2 Ward

2. FULL NAME

(a) Residence. No. Dr. Hugh J. Patton S. McFall Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. 7 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 (write the word)

Married

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

Jennie Lannoy Patton6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10 - 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

671012

8. OCCUPATION OF DECEASED

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

Physician

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

Physician

(c) Name of employer

Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Geny, Cont. Miss. riv. Tenn.

10. NAME OF FATHER

Wm. A. Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Thurs. County, Tennessee

12. MAIDEN NAME OF MOTHER

Eliza Owen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Thurs. County, Tenn.

14.

INFORMANT

Address

Mrs. Hugh Patton (wife)McFall, Mo.

15.

FILED

John G. W.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1929

17.

HEREBY CERTIFY, That I attended deceased from

May 15, 1929, to June 22, 1929, that I last saw him alive on June 22, 1929, and that death occurred, on the date stated above, at 7 a.m. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute leukemia from R. & S. Pyelonephritis153A(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

McFall, Mo.DID AN OPERATION PRECEDE DEATH? No DATE OF ✓WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Symptoms & Labatory

(Signed)

Carl Patton M. D.June 24 1929 (Address) 731 I am

*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

McFall, Mo. June 24 1929

20. UNDERTAKER

ADDRESS

George Gromme Pattonburg Mo.

