

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

Do not use this space.

31663

1. PLACE OF DEATH

County Randolph
Township Union
City Mo

Registration District No. 735
Primary Registration District No. 5971

File No. _____
Registered No. 179
St. _____ Ward _____

2. FULL NAME

(a) Residence, (No. _____) St. _____ 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. ds. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5th 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min. 19

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)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Edwin G Patton

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

12. MAIDEN NAME OF MOTHER Margaret Wagner

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

14. INFORMANT Edwin G Patton

(Address) 212 N. 1st St. St. Louis, Mo.

15. FILED 9/9, 1929 Ernest H. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5th 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 5th 1929 to Sept 6th 1929 and that I last saw him alive on Sept 5th 1929 and that death occurred, on the date stated above, at 8:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of the femur, fatal to chest
15710 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

15710 (duration) yrs. mos. ds.

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) M. B. Hensley, M. D.

9-6th 1929 (Address) Robert H. Hensley

*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

Autopsy 9-6th 1929

20. UNDERTAKER

ADDRESS

Maehow and Low Robert Hensley
Mo.

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.

