

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

Do not use this space.

1. PLACE OF DEATH

Country Spain
Township Armadia
City Pranton (No. _____)

Registration District No. 391
Primary Registration District No. 4230

File No. 33612
Registered No. 54
St. _____ Ward _____

2. FULL NAME

Charles 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) Married

5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Allice Patton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 16 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 6 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Pranton
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Montgomery Patton

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

12. MAIDEN NAME OF MOTHER Sarah Boring

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

14. INFORMANT Mrs Allice Patton
(Address) Pranton Mo.

15. FILED 1917, 19 29 12 A Rasche
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 14 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-10- 1928, to 10-14- 1929, that I last saw him alive on 10-14, 1929, and that death occurred, on the date stated above, at 12:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thymia
51C
132B
(duration) _____ yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) Carcinoma of the
Prostate (duration) 2 yrs. mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID OPERATION PRECEDE DEATH? No - DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Thymia
(Signed) George E. H. M. D.

1917, 19 29 (Address) Pranton 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 Masonic Cemetery
20. UNDERTAKER A. H. H. H.

DATE OF BURIAL Oct. 19 1929
ADDRESS Pranton, 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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

