

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.

20811
20813

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1003

City St. Louis

(No. City Hospital)

File No.

Registered No. 5611

St. Ward)

2. FULL NAME

(a) Residence. No. St. 23 Ward. Fronton Mo

(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)

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 46

8. OCCUPATION OF DECEASED

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

Common Labourer

(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)

Fronton Mo

10. NAME OF FATHER

Charles Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Alise Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

14.

INFORMANT

(Address)

Fred Patton

2704 Osage St.

15.

FILED

IN 1919

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 9 1930

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19....., and that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at..... 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

167
Gunshot Wound of Chest
(self-inflicted)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Suicide
(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? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. W. Cerner M.D.

6/10/30 (Address) Dep. Coroner

*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

Fronton Mo

6-11 1930

20. UNDERTAKER

ADDRESS

Therman Rike

Fronton Mo

