

OCT 30 1930

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

Do not use this space.

30565

1. PLACE OF DEATH

County Monroe

Registration District No. 582

Township Paris

Primary Registration District No. 4344

City Paris (No. _____)

File No. _____

Registered No. 37

St. _____ Ward _____

2. FULL NAME

Ernest Patton

(a) Residence. No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 15 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

Negro

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)

June 24, 1915

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

15

2

9

8. OCCUPATION OF DECEASED

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

none

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Paris

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Herbert Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Fayette

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Mary Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14.

INFORMANT

Herbert Patton

(Address)

Paris, Mo.

15.

FILED

9/3 30.

H. C. Payne

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1930, to Sept. 3, 1930

that I last saw him alive on 9-3-30, and that death occurred, on the date stated above, at 3:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

CONTRIBUTORY (SECONDARY)

(duration) 2 yrs. mos. ds.

(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?

(Signed) Geo. M. Beardslee M. D.

9/3, 1930 (Address) Paris, 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

Walnut Grove

DATE OF BURIAL

9/5 1930

20. UNDERTAKER

Speed & Blakely

ADDRESS

Paris, Mo.

