

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

Do not use this space.

5654

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo

Registration District No. 2  
Primary Registration District No. 3  
(No. 6231 Valley Road

File No. 745  
Registered No. 745  
St. 8 Ward 1

**2. FULL NAME**

Isaac H. Patton

(a) Residence, No. 6231 Valley Road St. 8 Ward 1  
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 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) Harriet S. Patton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/2/1857

7. AGE YEARS 73 MONTHS 2 DAYS 13 If LESS than 1 day, 0 hrs. 0 min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) wholesale paper.  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY) 7

10. NAME OF FATHER Peter S. Patton  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
12. MAIDEN NAME OF MOTHER Caroline Hutchins  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs. Fred Benson (Address) 6231 Valley Road

15. FILED 3/16 1931 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/15/31 1931

17. I HEREBY CERTIFY That I attended deceased from 2/15 to 2/15, 1931, that I last saw h. alive on 2/15/31, 1931 and that death occurred, on the date stated above, at 2 o'clock PM.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy  
10.78 (duration) 0 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Hypertension (duration) 0 yrs. 0 mos. 0 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Postmortem  
(Signed) Robert B. Bude M. D.

\*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.  
7/16 .1931 (Address) 708 Myrtle St. 186 Me

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Mt. Moriah Cemetery 2/17/31

20. UNDERTAKER ADDRESS Freeman Mortuary, 104 W 42nd. S

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.

Red Iron Mine

Argyle Bedg

2 m.