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

6169

File No. .....
Registered No. .....

1. PLACE OF DEATH
County: Lawrence — Registration District No. 472
Township: ~~Mt Vernon~~ — Primary Registration District No. 4285
City: Stotts Mo (No. ..... St. ..... Ward)

2. FULL NAME: W. D. Patton
(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 10 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Loretta Stotts Patton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 1856

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	10	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Justice of the Peace
(b) General nature of industry, business, or establishment in which employed (or employer): 191
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Lawrence Co Mo

PARENTS
10. NAME OF FATHER: S. C. Patton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER: Jane Henderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

14. INFORMANT: Sallie H. Ellis (Sister)
(Address) Mt Vernon Mo

15. FILED 2/7, 1931 Thos H Powell, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to Feb 2, 1931, that I last saw h alive on Feb 2, 1931, and that death occurred, on the date stated above, at 6 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fatal case of Pneumosclerosis
sin M Heal
Acute Primary
92A (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute sinus disease
1196 (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TESTS CONFIRMED DIAGNOSIS? —
(Signed) C W S Patton, M. D
, 19 (Address) Mt Vernon

*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: Mt Vernon Mo — DATE OF BURIAL: 2/2 1931
20. UNDERTAKER: J. H. Fugua — ADDRESS: Sc Springfield Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD