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

Do not use this space.

22466

MARGIN RESERVED FOR BINDING

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

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.

JUL 28 1931

S. NO. 2

1. PLACE OF DEATH

County Randolph Registration District No. 731 File No.

Township Primary Registration District No. 4436 Registered No. 6

City Clifton Hill (No. St. Ward)

2. FULL NAME James Frank 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
61	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

FATHER

13. NAME Jim F. Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph

MOTHER

15. MAIDEN NAME Marietta Brock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph

17. INFORMANT Mrs Jennie Patton
(ADDRESS) Clifton Hill

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clifton Hill DATE June 3 1931

19. UNDERTAKER Tom B Patton
(ADDRESS) Huntsville Mo

20. FILED June 5, 1931 A J Bradsher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to June 2, 1931

I last saw h im alive on May 31, 1931. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Cancer of Lung (Left side) — Date of onset 1928

47B 47B

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. G. Bragg, M. D.

(Address) Huntsville Mo