

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Franklin
City K.C. Mo. (No. 100)

Registration District No. 203
Primary Registration District No. 100

25106

File No. 25106
Registered No. 25106
St. Mo. Ward 10

2. FULL NAME

James Patton
(a) Residence No. 331 E - 69th St. (Usual place of abode)

Ward 8 (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Leona Patton
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct - 16 - 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 0 — — —

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER J. N. Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Strope

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) No Record

14.

INFORMANT Mrs. O. G. Krueger
(Address) 4030 Troost Ave

15.

FILED 7/17, 1931 M. M. Browne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 16 1931

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1931 to July 16, 1931
that I last saw him alive on July 16, 1931, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia (left)
108
131 (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Arterio sclerosis
Chr. nephritis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No. DATE OF No.

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Symptoms clinical

(Signed) Thos. L. Draney, M. D.

July 16 1931 (Address) 910 Argyle Bldg

*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

Forest Hill 7-18 1931

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster K.C. Mo.

K. 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.

Angelica Holz