

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis (No. 4476 Cook ave)

File No. 2656

Registered No. 350

St.

Ward)

2. FULL NAME

(a) Residence. No. 4476 Cook Ave St. 11 Ward.

(Usual place of abode)

(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

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

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

Nov 28-1888

7. AGE

50

YEARS

MONTHS

2

DAYS

10

If LESS than 1

day, ...hrs.
or min.

8. OCCUPATION OF DECEASED

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

Waiter

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

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(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

10. NAME OF FATHER

Harrison Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Fannie Oliver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

14.

INFORMANT

(Address)

Eva Patton
1036 Vandewater

15.

FILED

11/19/1932
May C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 8, 1933

17.

I HEREBY CERTIFY, That I attended deceased from.....

, 19....., to....., 19.....

that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at....., 19....., P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis93C

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?

DATE OF.....

WAS THERE AN AUTOPSY?

yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed).....

1/9, 1933 (Address) 1036 Vandewater

*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

Washington Park 1/12/32

20. UNDERTAKER

ADDRESS

C W Roberts 2035
Lucas

1.