

SEP 22 1932

12091-a

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

Do not use this space.

12091-a

1. PLACE OF DEATH

32 County DeKalb Registration District No. 259
Township Thermay Primary Registration District No. 0361
City Marion (No.) St. Ward)

2. FULL NAME

(a) Residence, No. Campbell Patton Ward.
(Usual place of abode) Assisted by Mrs. R. P. #2
Length of residence in city or town where death occurred all life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Patton</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 29-1854</u> | | |
| 7. AGE <u>77</u> | YEARS <u>7</u> | MONTHS <u>14</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | 11. Total time (years) spent in this occupation |
| 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) <u>Dec. 14-1909</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salisbury, W. Va.</u> | | |
| 13. NAME <u>Campbell Patton</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u> | | |
| 15. MAIDEN NAME <u>Mary Ann Lester</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u> | | |
| 17. INFORMANT (ADDRESS) <u>J. D. Patton</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>King City</u> DATE <u>4-13-32</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Wm. J. Grogan</u> | | |
| 20. FILED <u>April 13, 1932</u> <u>J. P. Phelps</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932, to April 12, 1932
I last saw him alive on Apr. 11, 1932 Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage
Other contributory causes of importance:
1
Name of operation no Date of no
What test confirmed diagnosis Chirocal 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? no
If so, specify E. M. Reynolds M. D.
(Signed) Chas. St. Mo
(Address)

