

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

Do not use this space.

15207

1. PLACE OF DEATH

4 County Audrain Registration District No. 26
4 Township Sullivan Primary Registration District No. 3002
7 City Mexico (No. Audrain Hospital)

File No.
Registered No. 59 St. Ward)

2. FULL NAME

George William Patton
(a) Residence, No. New Florence St., Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1904
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour, 237
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) Williamsburg (STATE OR COUNTRY) Mo.

13. NAME Harry Patton

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

15. MAIDEN NAME Anna Kittle

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

17. INFORMANT Paul Patton (ADDRESS) Williamsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Williamsburg Mo. DATE May 25, 1932

19. UNDERTAKER H. A. Pugh & Son (ADDRESS) Mexico Mo.

20. FILED May 24, 1932 Geo S. Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Case, to Coroner's Case, 19 32
I last saw him alive on May 23, 1932 Death is said to have occurred on the date stated above, at 6 m.
The principal cause of death and related causes of importance were as follows:

Collision of trucks, the responsibility of which is unknown
VIOM
Date of onset

Other contributory causes of importance:

Name of operation (5) Date of May 23, 1932
What test confirmed diagnosis? 5 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 5 Date of injury May 23, 1932
Where did injury occur? 5 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 5
Nature of injury 5

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 5
(Signed) C. M. D. Bridgford, M. D.
(Address) Coroner, Mexico, Mo.
Geo. A. Ballew Jones

NOTE.—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.

JUN 21 1932

State of New York
County of ...

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Union
Township _____
City Mexico (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

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

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. May 24 - 1932 Irma S. Milligan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: _____ (Date of onset)

Collection of trucks
the responsibility of
which is undertaken by
on Highway #54 in
several miles East of Mexico Mo
210

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? on Highway #54 about
1 mile East of Mexico (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) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

d. GE should be stated EXACTLY. PHYSICIAN should be classified. Exact statement of OCCUPATION is

Every item of information should be carefully

ATH in plain terms, so that it may be pr

CAUSE OF DEATH

5-15207