

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.

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

Do not use this space.

17169

File No. _____
Registered No. 118-118
St. _____ Ward _____

1. PLACE OF BIRTH

89 County Ray
Township Fishing river
City Excelsior Springs (No. _____)

Registration District No. 743
Primary Registration District No. 6237

2. FULL NAME Muel Patton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 25 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>white</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>Ruth Patton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 4 - 1884</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>5</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		
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) <u>Ray co Mo</u>		
13. NAME <u>John Patton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray co Mo</u>		
15. MAIDEN NAME <u>Amanda Lee</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray co Mo</u>		
17. INFORMANT <u>Ruth Patton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Garden</u> DATE <u>May 29</u> 19 <u>32</u>		
19. UNDERTAKER <u>Herbert Hope</u> (ADDRESS) <u>Excelsior Springs, Mo.</u>		
20. FILED <u>June 13</u> 19 <u>32</u> <u>L. E. Ellis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/4 1932 to 5/28 1932
I last saw him alive on 5/28 1932. Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:
Aneurism ascending aorta
96
96
Other contributory causes of importance:
W/o not known
D

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 _____
(Signed) H. G. Clarke, M. D.
(Address) Excelsior Springs, Mo.

