

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

2. FULL NAME

(a) Residence. No. McFall St. _____ Ward. McFall Mo

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.

File No. 31464

Registered No. 505

St. _____ Ward)

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

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

Jan 3 1897

7. AGE

35 YEARS

9 MONTHS

1 DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Clerk 46C 122B 123B

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

McFall

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

W. A. Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

McFall

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Low Eva Craun

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

McFall

(STATE OR COUNTRY)

Mo

14.

INFORMANT

Alexander Patton

(Address)

McFall Mo

FILED

5 1932

John R. Bender

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

Oct 4 1932

17.

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

that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 10:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Carcinoma, metastatic from carcinoma (primary) of descending colon (duration) yrs 7 mos. ds.

CONTRIBUTORY (SECONDARY)

Intestinal obstruction (duration) yrs 0 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

Plumath Springs

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH?

yes DATE OF OPERATION Plumath Springs

WAS THERE AN AUTOPSY?

no later etatem

WHAT TEST CONFIRMED DIAGNOSIS?

gyn. sm. tissue diagnosis (Signed) _____ M. D. Oct. 5, 1932 (Address) 731 E. Arson St. Joseph

*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

Pattonburg Mo

DATE OF BURIAL

Oct. 5, 1932

20. UNDERTAKER

G. J. Hooper

ADDRESS

Pattonburg Mo

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.

NOV 21 1932

