

WRITE PLAINLY, WITH UNFOLDING 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.

JAN 23 1932

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

Do not use this space.

39219

1. PLACE OF DEATH

29 County Boone Registration District No. 317
Township Pendergast Primary Registration District No. 5437
City A. W. Republic (No. _____) St. _____ Ward _____

2. FULL NAME Lester Samuel Patton

(a) Residence, No. _____ St. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1922
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10 2 29
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) Nra Republic Mo
13. NAME Fletcher Patton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Fletcher Patton (ADDRESS) Republic Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Roller Cemetery DATE 12/7 1932

19. UNDERTAKER B. C. Klepper (ADDRESS) 224th Mo
20. FILED 12-19 1932 V. W. Shover Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932, to Dec 6 1932
I last saw him alive on Dec 6 1932 Death is said to have occurred on the date stated above, at 2:42 P.M.
The principal cause of death and related causes of importance were as follows:

Cardiac Degeneration with acute nephritis
Other contributory causes of importance:
730
130
Date of onset

Name of operation none Date of no
What test confirmed diagnosis? autopsy Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. H. Mitchell M. D.
(Address) Box 234 Republic Mo

CAUSE OF DEATH in plain terms. Every item of information should be carefully applied. AGE should be stated. EXACTLY. If possible, the sex should be stated. Exact state and COUNTY. DO NOT WRITE IN CAPITAL LETTERS.

**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 Sullivan
Township Ind Creek
City (No. _____)

Registration District No. 317
Primary Registration District No. 5437

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

2. FULL NAME

Lester Samuel Patton

(a) Residence, No. _____ St. _____ 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 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 Flora B. Hoover

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Roller Cemetery
PLACE Ind Creek DATE 12-7 1918

19. UNDERTAKER B. C. Klepper
(ADDRESS) Ind Creek

20. FILED _____ 19 12 W. W. Shover
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
I last saw h. _____ 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 _____
Other contributory causes of importance: _____

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? _____ (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) _____

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

SUPPLEMENTARY

5-39219