

NR 24 1938
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.

Dr. Harrison
4039

1. PLACE OF DEATH

County Andrew
Township East River
City Mexico Mo. (No.)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 28
St. Ward)

2. FULL NAME

Edward Patton

(a) Residence. No. Mexico Mo. St. 1 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.

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)

about 1846

7. AGE

about 87

YEARS

MONTHS

DAYS

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

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work. Harness Maker.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Callaway Co., Mo.

10. NAME OF FATHER

Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Amanda

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14.

INFORMANT Dr. A. A. Wallace

(Address) Mexico Mo.

15.

Feb 9 - 1938 Gra S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

2-8-1938

17.

I HEREBY CERTIFY, That I attended deceased from 2-8-38 to 2-8-38 that I last saw him alive on 2-8-38, 1938, and that death occurred, on the date stated above, at about 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intrauterine foetal death
25B Hemorrhage from placental prosope due to mphyromy

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF Feb 6

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Harrison, M. D.

(Address) Mexico Mo

*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

McPhellers Dr. No Feb 7 - 1938

20. UNDERTAKER

covered during Mexico Mo

1933
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