

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

Do not use this space.

5287

1. PLACE OF DEATH

County Franklin Registration District No. 288
Township 2nd Primary Registration District No. 412
City Kenett (No. _____) St. _____ Ward _____

2. FULL NAME

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1st 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	83	5	23	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Mo

13. NAME Jack Patton

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

15. MAIDEN NAME Wentz

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

17. INFORMANT Harvey Moses
(ADDRESS) Kenett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kenett DATE 2/23 1933

19. UNDERTAKER Baldwin and Co
(ADDRESS) _____

20. FILED March 33 Arthur Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to Feb 21, 1933

I last saw him live on Mon Feb 21, 1933 Death is said to have occurred on the date stated above, at 11:55 P. m.

The principal cause of death and related causes of importance were as follows:

Bright's Disease
Chronic Interstitial Nephritis
131
Other contributory causes of importance: Arterio Sclerosis

Name of operation _____ X Date of _____ X

What test confirmed diagnosis? _____ X Was there an autopsy? _____ X

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

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) Dr. J. M. Brotherton, M. D.

(Address) Kenett 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.

APR 24 1933

