

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.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township 5

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. 9)

Sisters Hospital

File No. 18995

Registered No. 654

St. 1 Ward 1

2. FULL NAME Charles Junior Patton

(a) Residence, No. Sisters Hospital St. 1 Ward 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds.

How long in U. S., if of foreign birth? yrs. mos. 1 ds.

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>---</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 23, 1916</u>		
7. AGE <u>16</u>	YEARS <u>6</u>	MONTHS <u>3</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	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. <u>General</u>
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>
	11. Total time (years) spent in this occupation <u>2 1/2</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County

13. NAME Charles Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County

15. MAIDEN NAME Hazel Stout

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

17. INFORMANT Charles Patton
(ADDRESS) Cosby, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Ridge Cemetery DATE June 28, 1933

19. UNDERTAKER Valer Mierhoffer
(ADDRESS) St. Joseph, Mo.

20. FILED 6-28-33 John H. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1933 to June 26, 1933
I last saw him alive on June 26, 1933 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

4 1/2" 4" pericardial right
shoulder & chest trauma
right chest back
stiff leg
2 1/2 M

Other contributory causes of importance:

36 2 1/2

Name of operation Laboratory Date of June 23, 1933

What test confirmed diagnosis Laboratory Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury June 23, 1933

Where did injury occur? Room 21 E of St. Joseph's

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on floor

Manner of injury thrusting leg of horse

Nature of injury trauma right chest & back

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) E. B. Bunker M.D.

(Address) St. Joseph, Mo.

