

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

Do not use this space.

**23614**

**1. PLACE OF DEATH**

County Lawrence Registration District No. 467  
Township Aurora Primary Registration District No. 4280  
City Aurora (No. 229 West College) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 429  
Registered No. \_\_\_\_\_

**2. FULL NAME** David Lawson Patton

(a) Residence, No. 229 West College 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie E Patton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 6-1852</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>7</u>
		<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railway Employee</u>		
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) <u>Rinersberg Pa.</u>		
13. NAME <u>James Patton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>		
15. MAIDEN NAME <u>Eliza Lawson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>		
17. INFORMANT <u>Anna B Patton</u> (ADDRESS) <u>Aurora Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Park Cem.</u> DATE <u>July 19</u> 19 <u>33</u>		
19. UNDERTAKER <u>King Funeral Home</u> (ADDRESS) <u>Aurora Mo</u>		
20. FILED <u>July 17</u> 19 <u>33</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1932, to July 17 1933

I last saw him alive on July 17 1933. Death is said to have occurred on the date stated above, at 10.00 a.m.

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

uramic poisoning due to prostatic infection. Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? culture Was there an autopsy? no

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) W. H. Smith, M. D.

(Address) Aurora Mo

Registrar.

121 W. Pleasant

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.

WITH ENCLAVING INK—THIS IS A PERMANENT RECORD

SEP 20 1933

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