

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

Do not use this space.

33445

1. PLACE OF DEATH

County Washburn Registration District No. 411
 Township Wadena Primary Registration District No. 2007
 City Wadena St. _____ Ward _____

2. FULL NAME

David E. Patten
 (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) married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1878
 7. AGE YEARS 62 MONTHS 8 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smelter
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) _____ years in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wadena, Minn.

FATHER 13. NAME John Patten

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn.

MOTHER 15. MAIDEN NAME Draville Boyley

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wadena, Minn.

17. INFORMANT (ADDRESS) James Patten, Wadena, Minn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wadena DATE 10-27-33

19. UNDERTAKER (ADDRESS) Wadena, Minn.

20. FILED 10-29-33 Registrar Ed. J. Jones

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1933
 22. I HEREBY CERTIFY, That I attended deceased from _____ 19____
 I last saw him alive on Oct 25 1933 Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Cardiomyopathy of stomach
 Other contributory causes of importance: H. & B.

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) W. J. Williams M. D.
 (Address) Wadena, Minn.

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.

NOV 10 1933

