

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

Do not use this space.

**MAR 24 1934**

**1. PLACE OF DEATH**

County Madison  
Township St. Michael  
City Fredensborg, Mo. (No. ....)

Registration District No. 538  
Primary Registration District No. 3028

File No. 5685  
Registered No. 12  
St. .... Ward)

**2. FULL NAME** Wm. Henry Patton

(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Patton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 15 - 1853</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>4</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>John H. Patton, Fredensborg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>M. C. Cemetery, No. 20</u> DATE <u>Feb 20 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Ed. H. Kuehl, Fredensborg, Mo.</u>		
20. FILED <u>Mar 19 1934</u> <u>B. C. Blarney</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 - 1934 to 2/19 - 1934  
I last saw him alive on 2/15 - 1934 Death is said to have occurred on the date stated above, at 1:40 P.M.  
The principal cause of death and related causes of importance were as follows:  
Flu - 3 1/2 11 38  
Other contributory causes of importance:  
Malaria

Name of operation none Date of .....  
What test confirmed diagnosis? ..... 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 ....., 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? no  
If so, specify .....  
(Signed) M. B. Barber, M. D.  
(Address) Fredensborg, Mo.

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.

WHILE LIVING; WITH CHANGING IN THIS IS A PERMANENT RECORD

By: B. C. Blarney

