

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

Do not use this space.

FEB 26 1935

5519

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kearney Primary Registration District No. 1002
 City Kansas City (No. St. Joseph Hospital) Registered No. 812
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 45-44 Park St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Serv. Co.
 10. Date deceased last worked at this occupation (month and year) Nov 1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Valley Iowa

13. NAME Washington E Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Neb.

15. MAIDEN NAME Ella M. Wiseman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sycamore Ill.

17. INFORMANT (ADDRESS) Mrs Lucille Patton 45-44 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moriah DATE Feb 21 1935

19. UNDERTAKER (ADDRESS) New Newscombs Sons 2111 E 9th St

20. FILED 2/21 1935 M M Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/20 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1935 to Jan 19th 1935

I last saw him alive on Jan 19th 1935 Death is said

to have occurred on the date stated above, at 1:20 p.m.

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

Retroperitoneal Hemorrhage following rupture of arteriovenous aneurysm (myotic)
 Date of onset _____
 Other contributory causes of importance: Suppurative Thrombophlebitis of right femoral vein

Name of operation exploratory Date of 2/19/35

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

23. If death was due to external causes (violence) and in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) P B Waller M.D. (Address) 736 Argyle St

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.

