

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.

APR 2 1935

1. PLACE OF DEATH

County AdairRegistration District No. 4Township Left RiverPrimary Registration District No. 5001City (No.)St. Ward 2. FULL NAME Alonso 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 M4. COLOR OR RACE A5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Ira Patton6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 1857

7. AGE

YEARS 78MONTHS 2DAYS 8If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. 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) 11. Total time (years) spent in this occupation 78 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER

13. NAME Constance Patton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER

15. MAIDEN NAME Margaret Bills16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill17. INFORMANT Ira Patton(ADDRESS) Parisville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE 4/7 193519. UNDERTAKER F. R. Early(ADDRESS) Smith, Mo.20. FILED Apr. 8, 1935Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3 193522. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1935, to April 3, 1935I last saw him alive on April 2, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Cancer of LiverDate of onset Don't knowOther contributory causes of importance: 46Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No23. 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? NoIf so, specify (Signed) H. M. Humphrey, M. D.(Address) Brainerd, Mo.

