

JUL 2 2 1935

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

Do not use this space.

19686

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. 1006 Fuller St. Ward)File No. Registered No. 19686St. Ward 2. FULL NAME Eugene Patton(a) Residence, No. 1006 FullerSt., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Elsie Patton.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug / 26 / 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>58</u>	<u>9</u>	<u>8</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Track Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheffield Steel

10. Date deceased last worked at this occupation (month and year) Mar 22 / 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Jam es Patton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record15. MAIDEN NAME Catherine Taylor.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.17. INFORMANT Mrs Elsie Patton.
(ADDRESS) 1006 Fuller St.18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill's DATE June 7 / 35, 1919. UNDERTAKER Sheil Funeral Home
(ADDRESS) 6606 Independence Ave.20. FILED July 6, 1935 M. M. Kerown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 193522. I HEREBY CERTIFY That I attended deceased from May 11, 1935 to June 5, 1935I last saw him alive on June 4, 1935 Death is said to have occurred on the date stated above, at 9 a. m.

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

Initial insufficiencyDate of onset Mar 35

Other contributory causes of importance:

Angiotoxemia from May 35
PleuritisName of operation None Date of What test confirmed diagnosis? Observation Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Not
Accident, suicide, or homicide? Not Date of injury , 19Where 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) Mallaphay M. D.(Address) 6606 Independence Ave
Kansas City 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.

