

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.

11219

OCT 17 1935

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

Do not use this space.

28828

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township _____

Primary Registration District No. 3007

City Poplar Bluff, Mo. (No. _____)

525 Cedar St.

File No. _____

Registered No. 183

St. _____ Ward _____

2. FULL NAME Edward Patton

(a) Residence, No. 525 Cedar St.

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Data deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson Co., Tenn.

MOTHER 13. NAME John Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Elizabeth Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Dr. A.W. Patton
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL City Cemetery
PLACE Poplar Bluff, Mo. DATE 9/15 35

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 9-15 1935 Odetteinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935, to Sept 14, 1935

I last saw him alive on Sept. 14, 1935 Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Date of onset

Coronary Arteries 9/16/35

Other contributory causes of importance:

Myocardial Infarction

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? No

If so, specify _____

(Signed) H. L. Brandon, M. D.

(Address) Poplar Bluff, Mo.

