

JAN 23 1936

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

Do not use this space.

39464

1. PLACE OF DEATH

County Jackson
Township Kear
City Jackson City

Registration District No. 399
Primary Registration District No. 1002

File No. 39464
Registered No. 61502
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Richardson St., Mo. Ward. (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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1862
7. AGE YEARS 73 MONTHS 10 DAYS 11 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Ray County (STATE OR COUNTRY) Missouri

13. NAME Dan F. Knowlton

14. BIRTHPLACE (CITY OR TOWN) Doris Knowlton (STATE OR COUNTRY)

15. MAIDEN NAME Dan F. Knowlton

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

17. INFORMANT Mrs. Ben R. Patton (ADDRESS) Richardson

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE December 3, 1935

19. UNDERTAKER W. H. Mason (ADDRESS) Richardson

20. FILED Dec 3, 1935 W. H. Mason Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1935, to Dec-1, 1935

I last saw him alive on Dec 1, 1935. Death is said to have occurred on the date stated above, at Mo.

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

Intestinal Obstruction
Carcinoma Sigmoid
and possibly Prostate.

Other contributory causes of importance: Cholelithiasis, Bile duct obstruction.

Name of operation Colostomy What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Mo.

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 No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. H. Mason, M. D.
(Address) Kansas City, Mo.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township J. C. M.
City J. C. M. (No.)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 4592
St. Ward

2. FULL NAME

Mr Ben P. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 11

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 2/6 1936 Patton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1935

22. I HEREBY CERTIFY, That I attended deceased from 19...., to...., 19....

I last saw him alive on...., 19.... Death is said to have occurred on the date stated above, at....m.

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

Intestinal Obstruction
Carcinoma Sigmoid
probably prostate

(Do not know primary seat)
Other contributory causes of importance: fracture
Autopsy was not performed

Name of operation Date of.... Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Yes 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? If so, specify

(Signed) Arthur C. Closen M. D.
(Address) Kansas City Mo

SUPPLEMENT

12/3/35 - Dr. M. Brown

5-394164