

FEB 20 1936

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

Do not use this space.

31

1. PLACE OF DEATH *Andrew*
County *Amazonia* Registration District No. *8*
Township..... Primary Registration District No. *4005*
City *Amazonia* (No.) St. Ward.....
2. FULL NAME *Alfred Ray 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) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *—*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 16 - 1935*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
— 4 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) *Amazonia Mo*

13. NAME *Fred Patton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Douglas Kansas*

15. MAIDEN NAME *Blara Weaver*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lasence Kansas*

17. INFORMANT (ADDRESS) *Fred Patton Amazonia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Amazonia* DATE *1 - 28* 1936

19. UNDERTAKER (ADDRESS) *P. C. Breit Savannah Mo*

20. FILED *Jan 28* 1936 *J. W. Holcomb* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1 - 27* 1936
22. I HEREBY CERTIFY, That I attended deceased from *Jan 21* 1936, to *15 Jan 26* 1936
I last saw him alive on *Jan 26* 1936. Death is said to have occurred on the date stated above, at *5:20* a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Bounded
Date of onset *1-20*
Other contributory causes of importance: *—*
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?.....
If so, specify.....
(Signed) *S. J. Rivers*, M. D.
(Address) *Amazonia 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.

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

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1. PLACE OF DEATH

County Andrew

Registration District No. 8

File No. _____

Township _____

Primary Registration District No. 4005

Registered No. _____

City Amazonia (No. _____)

St. _____ Ward) _____

2. FULL NAME

Alfred Ray Patton

(a) Residence, No. _____ St. _____ Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (use the word)

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. ormin.
4 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 Jan 28 1936 J. W. Holcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1936

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

I last saw him _____, 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:

Pneumonia Bronchial Date of onset _____

Other contributory causes of importance:

Mar. 9th 1936 No. of op-
locations S. S. Bever

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? _____

If so, specify _____

(Signed) S. J. Bever, M. D.

(Address) Amazonia, Mo

SUPPLEMENTARY

N. B.—Every item on this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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