

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.

FEB 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 88

Township

Primary Registration District No. 1000

City St. Joseph Mo (No. Transit Bureau)

File No. 263

Registered No. 62

St. Ward

2. FULL NAME

Horace Patton

Transit Bureau

(a) Residence, No.

(Usual place of abode)

St.

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 Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

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

Oct 5, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Laborer

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

11

10. Date deceased last worked at this occupation (month and year)

Richmond Mo

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

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Andrew Palmer

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Int. Mo.

DATE

Jan 18 - 1936

19. UNDERTAKER (ADDRESS)

Ramsey & Motuary

20. FILED

1-18-1936

John K. Borden

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 12

to

Jan 14

1936

I last saw him alive on Jan 14, 1936. Death is said

to have occurred on the date stated above, at 11³⁰ a.m.

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

Chr. Nephritis
Diabetes

Date of onset

Other contributory causes of importance:

Syphilis
Atherosclerosis
Chr. Nephritis

Name of operation Clinical Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

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)

S. J. Zarned

M. D.

(Address)

Kerpatrick Belg

