

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

Do not use this space.

Arr 13 1936

9535

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No.)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 76
St. Ward

2. FULL NAME

Homer H. Patton

(a) Residence, No. State Hospital St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 3 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 (<u>write the word</u>) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Marjorie Patton (Anada Mo.)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>no record</u>		
7. AGE YEARS <u>59</u>	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. <u>Farmer.</u>
	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) <u>Pike County Mo.</u>
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13. NAME <u>Wash Patton.</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OK</u>

15. MAIDEN NAME <u>OK</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OK</u>

17. INFORMANT <u>Records State Hospital.</u> (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Colfax Mo.</u> DATE <u>Mar. 2nd 1936</u>
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19. UNDERTAKER <u>Joseph H. Davis Co.</u> (ADDRESS) <u>Colfax Mo.</u>
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20. FILED <u>2/11</u> 1936 <u>R. H. Owen</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to 3-1, 1936

I last saw him alive on 3-1, 1936. Death is said to have occurred on the date stated above, at 4:30 m.

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

Cerebral Hemorrhage age 3³⁰ p.m. Date of onset 3-1-36

Other contributory causes of importance
Hypertension
General Arteriosclerosis

Name of operation L Date of L
What test confirmed diagnosis? L Was there an autopsy? L

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury, 19

Where did injury occur? L (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Richard B. Bridgeman, M. D.
(Signed) Fulton Mo.
(Address)

