

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.

APR 17 1936

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

Do not use this space.

10096

1. PLACE OF DEATH

County Gentry
Township
City Albany (No.)

Registration District No. 309
Primary Registration District No. 4185

File No.
Registered No. 22 St. Ward)

2. FULL NAME David Ella 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Issac M. Patton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 4

OCCUPATION
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) Gentryville
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Allen Adkisson

14. BIRTHPLACE (CITY OR TOWN) Madison County
(STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Martha Gannaway

16. BIRTHPLACE (CITY OR TOWN) Elizabeth Town
(STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Clesta Smith
(ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton, Mo. DATE 3-17-36

19. UNDERTAKER Clifford Brooks
(ADDRESS) Albany, Missouri

20. FILED Mar. 17, 1936 W. T. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to March 15, 1936.
I last saw him/her alive on March 12, 1936. Death is said to have occurred on the date stated above, at 1:03 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset 1935
Chronic Nephritis
131
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? 40

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? 40
If so, specify
(Signed) James H. Berger, M. D.
(Address) Albany Mo

JUN 25 1951