

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

Do not use this space.

JUL 24 1936

23017

1. PLACE OF DEATH

County Jackson
Township Ross
City Kansas City Mo

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 720
St. _____ Ward) _____

2. FULL NAME

Joe W Patton
(a) Residence, No. 2635 Chestnut St.
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 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) Feb 12 1934

7. AGE YEARS 2 MONTHS 4 DAYS 6 IF LESS than 1 day, _____ hrs. or _____ min.

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

FATHER 13. NAME L Warren Patton

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

MOTHER 15. MAIDEN NAME Mabel Whitman

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

17. INFORMANT (ADDRESS) J. W. Patton 2635 Chestnut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maumel Home DATE _____

19. UNDERTAKER (ADDRESS) Roland R. Spencer 1606 W. 12th St. Kansas City Mo

20. FILED of 21 1936 17th Mo. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1936 to 6-19, 1936
I last saw him alive on 6-19, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Tubercular Meningitis Date of onset 6-1-36

Other contributory causes of importance None

Name of operation _____ Date of _____
What test confirmed diagnosis? Tuberculin 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? _____
If so, specify _____
(Signed) Harry D. Orr, M. D.
(Address) 506 Prof Bldg

KC Mo

