NOV 4 1936

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

Do not use this space.

File No. 38991
Registered No. 10012

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 5816 Julian St. ..... Ward)

2. FULL NAME John W. Patton

(a) Residence, No. 5816 Julian St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11, 1859

7. AGE: Years 77 – Months 7 – Days 21 – If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
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) Rockbridge Co. Va.

FATHER
13. NAME William Patton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockbridge Co. Va.

MOTHER
15. MAIDEN NAME MaryAnn Schneider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Lula D Patton
(ADDRESS) 5816 Julian

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrollton, Mo DATE Oct. 4 19

19. UNDERTAKER Alexander and Sons
(ADDRESS) 6175 Delmar

20. FILED OCT 2 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1929, to Oct 2, 1936
I last saw him alive on Oct 1, 1936 Death is said to have occurred on the date stated above, at 7:5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	10-2-36
Chronic Arterial Hypertension	
Chronic Nephrosclerosis	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Jerome C. Cook, M. D.
(Address) 508 N. Grand Blvd

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10M-2-28-33