

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

Do not use this space.

**MAY 31 1937**

File No. **17620**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
 Township Wash. A. C. Primary Registration District No. 6248 B  
 City Jefferson Barracks Veterans Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

Registered No. 175

**2. FULL NAME** Lee A. Patton

(a) Residence, No. Equality, Ills St. Rt. # 3 Ward. Equality, Ill.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 29th, 1937 to April 24, 1937  
 I last saw him alive on April 24, 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1893

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 1 4

Pneumonia, bronch, Myocarditis, chr, cong type of / unknown heart failure  
Mitral insuff. unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber  
 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) X  
 11. Total time (years) spent in this occupation X

Other contributory causes of importance: 131  
Nephritis, chr & nitrogen retention 4-23-37  
Anemia, secondary 3-30-37

12. BIRTHPLACE (CITY OR TOWN) Equality, Ills  
 (STATE OR COUNTRY)

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? phys. exam was by an autopsy?

13. NAME James Patton  
 14. BIRTHPLACE (CITY OR TOWN) Ills.  
 (STATE OR COUNTRY)

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.

15. MAIDEN NAME Sarah E. Stilley

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

17. INFORMANT M. Schilling - Clin. clerk  
 (ADDRESS) Veterans Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Equality, Ills DATE Apr. 27, 1937

19. UNDERTAKER Albert W. Koppa  
 (ADDRESS) 429 N. Endicot Ave

20. FILED April 24, 1937 E. Mowrey Registrar

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) C. W. HUGHES Chief Med Officer M. D.  
 (Address) U.S. V. Facility, Jefferson Barracks

This statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

250 250 250

Date of onset  
4-23-37

