

JAN 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

45353

 File No. 1132
 Registered No. 1132
 St. Ward

1. PLACE OF DEATH

County GreeneRegistration District No. 318

Township

Primary Registration District No. 2001City SpringfieldNo. Boyce Hospital

St. Ward

2. FULL NAME

(a) Residence, No. 619 N. Rogers St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

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

October 24, 1934

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

317

OCCUPATION

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

Unemployed

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)

Phillipsburg, Mo.

FATHER

13. NAME

Elmer L. Patton

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

Phillipsburg, Mo.

MOTHER

15. MAIDEN NAME

Elizabeth Biggs

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

Phillipsburg, Mo.

17. INFORMANT (ADDRESS)

Elmer L. Patton, 619 N. Rogers, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Phillipsburg, Mo. DATE December 2, 1937

19. UNDERTAKER (ADDRESS)

M. C. Clingman, Springfield, Mo.

20. FILED

Dec 2 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

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

December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 30, 1937, to only, 19I last saw him alive on Nov. 30, 1937. Death is saidto have occurred on the date stated above, at 6:25 a.m.

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

Pneumonia - Bronchial

Date of onset

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Chemical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19Where 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 None(Signed) Don H. Sulzberger, M. D.(Address) Springfield, Missouri

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.

109a

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

45353 X
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township Springfield Primary Registration District No. 2001 Registered No. 1132
(c) City Springfield (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gerald Dee Patton

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Feb 8 1938 Dr. H. C. Silsby M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Pneumonia - Bronchial Date of onset _____

Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Don H. Silsby, M. D.

(Address) Springfield

