FILED SEP 28 1938

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

Do not use this space.

File No. 30249

Registered No.

1. PLACE OF DEATH

County Vernon

Township 10 Drywood

City Milo Mo. (No. , St. Ward)

Registration District No. 812

Primary Registration District No. 6156a

2. FULL NAME Charles Audley Patton 350

(a) Residence, No. Milo Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
(Husband of) Virginia Patton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	2	13	

OCCUPATION

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

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) Illinois

FATHER

13. NAME T.L. Patton

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

MOTHER

15. MAIDEN NAME Mollie Alison

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

17. INFORMANT (ADDRESS) Ollie Patton Pittsburg Kans.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE Newton DATE Aug 25-38

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo

20. FILED Aug 23 1938 Mrs R.E. Earl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19-1938, 19, to Aug 23 1938, 19

I last saw him alive on Aug. 23-1938, 19 Death is said to have occurred on the date stated above, at 8 A.M.

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

	Date of onset
Cerebral Thrombosis	8-19-1938
With Left hemiplegia	

Other contributory causes of importance:

High blood pressure
sclerosed arteries onset unknown

Name of operation Date of

What test confirmed diagnosis? Clinical 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) C.L. Keithly, M. D.

797 (Address) Milo Mo

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

RECEIVED
District Health Officer No. 7,
District File Number 7/38/150
Date Filed 9/15/38