

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

32383
 Do not use this space.

OCT 19 1939

1. PLACE OF DEATH 2

(a) County Gentry Registration District No. 313

(b) Township Milledge Primary Registration District No. 4189 Registered No. 22

(c) City _____ (d) Street No. _____ St.

(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 Joe H 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 - 1854

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

85 3 15

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. Retired Farmer

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) Gentry Co Mo

FATHER

13. NAME Harvey Patton

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

MOTHER

15. MAIDEN NAME Martha Wollard

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

17. INFORMANT Mrs. Maudie Patton (ADDRESS) Mc Fall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Fall Mo DATE Sept 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edstrom Pattonburg Mo

20. FILED Oct 1, 1939 Nora Motherhead Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Sept. 24, 1939

I last saw him alive on Sept 24, 1939. Death is said to have occurred on the date stated above, at 8:50 a. m.

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

Cancer of Prostate gland

Date of onset

Other contributory causes of importance:

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) L. S. Hedges, M. D.

(Address) Pattonburg

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.

RECEIVED
District Office No. 11,
District No. 1039-1336
Date Filed OCT-16-1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

G. S. Gromer

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

G. S. Gromer

Licensed Embalmer No.

2857

P. O. Address.....

Pattonsburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.