

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

Do not use this space.

8109

**1. PLACE OF DEATH**

County Boyer Boyer  
Towship Boyer  
City Boyer (No.     )

Registration District No. 125  
Primary Registration District No. 3009

File No. 1063  
Registered No.      (St.      Ward)

**2. FULL NAME**

Warren C. Patton  
(a) Residence No. 409 Thimo St.      Ward       
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 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**

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

July 15-1858

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69

8

7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Mo. H.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Pilot Knob

**10. NAME OF FATHER**

Montgomery Patton

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Pa

**12. MAIDEN NAME OF MOTHER**

Sarah Borland

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Pa

**14. INFORMANT**

(Address)

Mrs. W. C. Patton  
Boyer

**15. FILED**

FILED

3/24/28  
W. C. Koenig  
REGISTRAR

2

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

3/22 1928

**17.**

I HEREBY CERTIFY That I attended deceased from 2/28, 1928 to 3/22, 1928 that I last saw him alive on 3/22, 1928, and that death occurred, on the date stated above, at 9:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

MYOCARDITIS Ch.  
131  
950/290 (duration) 2 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

NEPHRITIS Ch. (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.

**0 DID AN OPERATION PRECEDE DEATH?** DATE OF

NO  
NO

**WAS THERE AN AUTOPSY?**

**WHAT TEST CONFIRMED DIAGNOSIS?**

LABORATORY - W.P.H.

(Signed)

W. C. Koenig, M. D.

, 19 (Address)

Boyer

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Lorimer Cem

Mar 24 1928

**20. UNDERTAKER**

**ADDRESS**

Walther Und. Co. Boyer

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.

