

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

Do not use this space.

47417

JAN 27 1937

1. PLACE OF DEATH
 County Vernon Registration District No. 872
 Township _____ Primary Registration District No. 6-56a
 City Miles Mo (No. 14-27) St. _____ Ward _____

2. FULL NAME Thomas Lane Patton
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-3-1847
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 10 24
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1936
 22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1936, to Dec 27 1936
 I last saw him alive on Dec 26 1936 Death is said to have occurred on the date stated above, at 4 P m.
 The principal cause of death and related causes of importance were as follows:
Endo and Myocarditis Date of onset 12/1 1936
 Other contributory causes of importance:
Advanced Age with severe cold 11/25 1936
 Name of operation None Date of _____
 What test confirmed diagnosis? Physical Exam 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) J. N. Love M. D.
 (Address) Broada. Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgefarm Ill.
 13. NAME Not Known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known
 15. MAIDEN NAME Not Known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known
 17. INFORMANT (ADDRESS) Charley Patton Miles Mo
 18. BURIAL, CREMATION, OR REMOVAL Heaton Cemetery DATE 12-30-1936
 19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo.
 20. FILED Jan 2 1937 Mrs P & Earl Registrar.

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.

91a

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Bernon
Township _____
City Milo (No. _____)

Registration District No. 872
Primary Registration District No. 4526

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Thomas Lane Patton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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. 89 10 24

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

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Jan 10 1927 Mrs. R. S. Earl Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1936

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

I last saw him _____ 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: _____ Date of onset _____

Hard and myocarditis
Chronic
Don't know

Other contributory causes of importance: 90

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) J. M. Love, M. D.
_____ (Address) Spewada mo

RECEIVED

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.

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