

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

17169

**1. PLACE OF BIRTH**

County Ray  
Township Fishing river  
City Excelsior Springs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 743  
Primary Registration District No. 6237

File No. \_\_\_\_\_  
Registered No. 10110

**2. FULL NAME** Muel Patton

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred 25 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth Patton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 4 - 1881</u>		
7. AGE <u>50</u>	YEARS <u>5</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray co Mo</u>		
13. NAME <u>John Patton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray co Mo</u>		
15. MAIDEN NAME <u>Amanda Lee</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray co Mo</u>		
17. INFORMANT <u>Ruth Patton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Garden</u> DATE <u>May 29 1932</u>		
19. UNDERTAKER <u>Herbert Hoppe</u> (ADDRESS) <u>Excelsior Springs, Mo.</u>		
20. FILED <u>June 13 1932</u> <u>L. E. Elliot</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 5/4 1932 to 5/28 1932  
I last saw him alive on 5/28 1932. Death is said to have occurred on the date stated above, at 1:40 P. m.  
The principal cause of death and related causes of importance were as follows:  
Aneurism ascending aorta  
96 96  
Other contributory causes of importance:  
do not know

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X Ray Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) H. J. Clarke, M. D.  
(Address) Excelsior Springs, Mo.

Date of onset  
do not know

