

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

Do not use this space.

13640

1. PLACE OF DEATH
 84 County RAY Registration District No. 744
 Township RICHMOND Primary Registration District No. 3-035
 City RICHMOND R.F.D. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 30

2. FULL NAME W. Ruby 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 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 Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ELIE PATTON (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1857
 7. AGE YEARS 75 MONTHS 1 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Ray Co Missouri (STATE OR COUNTRY) _____

FATHER
 13. NAME Robt. W. Patton

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

MOTHER
 15. MAIDEN NAME Lucetta Hale

16. BIRTHPLACE (CITY OR TOWN) Ray Co Missouri (STATE OR COUNTRY) _____

17. INFORMANT Ben R Patton (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 4-17-32 19.

19. UNDERTAKER C. M. Jones (ADDRESS) Richmond Mo

20. FILED 4-20 1932 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15/32 1932
 22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1932, to Apr 15, 1932.
 I last saw him alive on Apr 15, 1932. Death is said to have occurred on the date stated above, at 9:30 P.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
82A J. J. A.
 Other contributory causes of importance: _____
 (Date of onset) _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) L. D. Brown, M. D.
 (Address) Richmond 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.

MAY 28 1932

