

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

Do not use this space.

20971
20813

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 781
Primary Registration District No. 1003
(No. City Hospital)

File No.
Registered No. 5611
St. Ward)

2. FULL NAME

(a) Residence. No. Harry C. Patton St., 23 Ward. Fronton Mo
(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) single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 46

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common Labourer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fronton
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Charles Patton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Alice Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) All
(STATE OR COUNTRY)

14. INFORMANT Fred Patton
(Address) 2705 Osage St.

15. FILED IN 1930 May 21 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1930

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from.....
....., 19....., to....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

167
Gunshot Wound of Chest
(self-inflicted)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Suicide
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. W. Cernan M.D.

6/10 1930 (Address) Dep. Coroner

*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 Fronton Mo DATE OF BURIAL 6-11 1930

20. UNDERTAKER Therman Rieke ADDRESS Fronton Mo