

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

PLACE OF DEATH

County Jackson  
Township Kaw  
or  
Village \_\_\_\_\_  
or  
City Kansas City (NO. General Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 399

File No. 13500

Primary Registration District No. 002

Registered No. 1284

FULL NAME

William F. Floyd Patterson

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE negro SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH Jan 4 1842  
(Month) (Day) (Year)

AGE 70 yrs. 3 mos. 1 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Care mfg.  
(b) General nature of industry, business, or establishment in which employed (or employer) Gen. Hosp.

BIRTHPLACE (City or town, State or foreign country) Ga

NAME OF FATHER Dave Patterson

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ga

MAIDEN NAME OF MOTHER Fanny Keith

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ga

THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE

(Informant) Geo P Pipkin  
Gen Hosp

(ADDRESS)

Filed 1918 1012 W.S. Wheeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 4 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 14, 1912, to April 4, 1912, that I last saw him alive on April 4, 1912, and that death occurred, on the date stated above, at 5:40 p.m.

The CAUSE OF DEATH\* was as follows:

Chronic Interstitial Nephritis  
131  
17  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) A O Haskell M. D.  
April 4, 1912 (Address) Old Gen Hospital

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. 21 ds. In the 27 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted if not at place of death? Not Known

Former or usual residence 525 W. Melrose

PLACE OF BURIAL OR REMOVAL Highland Cem. DATE OF BURIAL April 9, 1912

UNDERTAKER Mathies Bros. ADDRESS 1727 S. Grand Ave.

MARGIN RESERVED FOR BINDING

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.

