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

Do not use this space.

MAR 19 1928

1. PLACE OF DEATH
County: Lewis
Township:
City: La Grange (No. ..... St. ..... Ward)

Registration District No. 480
Primary Registration District No. 4289

File No. 5525
Registered No. 3

2. FULL NAME Mary J. Patterson

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. If Married, Widowed, or Divorced: Husband of (or) Wife of L. D. Patterson

6. DATE OF BIRTH (Month, day and year) Mar 23rd 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	10	27	

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

9. BIRTHPLACE (City or town) .....
(State or country) Lewis County, Mo.

PARENTS
10. NAME OF FATHER Jeremiah Taylor
11. BIRTHPLACE OF FATHER (City or town) .....
(State or country) North Carolina
12. MAIDEN NAME OF MOTHER Clariassa Lovelace
13. BIRTHPLACE OF MOTHER (City or town) .....
(State or country) Kentucky

14. Informant L. D. Patterson
(Address) La Grange Mo.

15. Filed 2/22, 1928 W. S. Ellery, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month, day and year) Feby 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Feby 16, 1928, to Feby 20, 1928, that I last saw her alive on Feby 20, 1928, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11B

(duration) ..... yrs. ..... mos. 7 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Wm Ellery, M. D.
, 19 (Address) La Grange Mo

*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: La Grange Mo
DATE OF BURIAL: Feb 23 1928

20. UNDERTAKER: A. A. Roberts
ADDRESS: La Grange 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.