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

Do not use this space.

9181

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 399 — Registered No. 1361

City Kansas City (No. 3030 Tracy Ave., St. Ward)

2. FULL NAME Virginia Ann Patterson,

(a) Residence. No. 424 So Quincy St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8, 1922

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
5	3	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Kindergarten

(b) General nature of industry, business, or establishment in which employed (or employer) Thatcher School.

(c) Name of employer Teacher, Miss Pezolt

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Herbert James Patterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Luddington, Michigan
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eerol Eisenhart

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

14. INFORMANT Herbert J Patterson,
(Address) 424 So Quincy Ave.,

15. FILED 3/26, 1928 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, to, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Epidemic Meningitis (Contagious type)

18 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 24 (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? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy + Laboratory

(Signed) Glenn Carbaugh, M. D

, 19 (Address) Deputy 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	DATE OF BURIAL
Mt. Washington Cemetery	March 28, 28

20. UNDERTAKER	ADDRESS
Eylar Funeral Home, 1800 Linwood.	

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.

...NEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD