

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.

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

Do not use this space.

1785

1. PLACE OF DEATH

County Jackson
Township St. Louis
City Kansas City

Registration District No.

399

Primary Registration District No.

1002

File No.

377

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. 2534 Highland St.,
(Usual place of abode)

Ward.

(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

Fe

4. COLOR OR RACE

Colored

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)

Oct. 23, 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2

29

8. OCCUPATION OF DECEASED

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

None

(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)

Mo.

10. NAME OF FATHER

Clarence Patterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

12. MAIDEN NAME OF MOTHER

Louise Washington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Clarence Patterson
2534 Highland

15.

FILED

1-25-29

M. M. Cave

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Jan. 22, 1929

17.

I HEREBY CERTIFY That I attended deceased from 1/20/29 to 1/22/29 that I last saw him alive on 1/23/29 and that death occurred, on the date stated above, at 3:06 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia from Flu

(duration) 8 1/2 yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

Convulsions

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH.

Can't Say

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Clinical

1/20/29 (Address)

2432 Vine

*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

Maple Hill Cem.

Jan. 26, 1929

20. UNDERTAKER

ADDRESS

Hatkins Bros.

1729 1/2 Hyde

H. H. Caldwell.