MAR 27 1930

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

Do not use this space.

9125

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township E. Jackson — Primary Registration District No. 5563a — Registered No.
City Carthage (No. County Farm St. Ward)

2. FULL NAME Martin Patterson
(a) Residence. No. Carthage St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
67	1	7	20	

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

9. BIRTHPLACE (CITY OR TOWN) Martinsville Ill
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER William Patterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Phenanka Page
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

14. INFORMANT Ind Howell
(Address)

15. FILED Mch 8, 1930 E H Ketcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 6 — 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1930, to March 6, 1930 that I last saw him alive on March 5, 1930, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart
92 P
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 10 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
8 WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. E. Baker, M. D.
, 19 (Address) Carthage 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	DATE OF BURIAL
Cedar Hill	Mar 10 1930
20. UNDERTAKER	ADDRESS
Knell Mortuary	Carthage Mo

...be stated ... should write ... properly classified. Exact statement of OCCUPATION is very important.

66-6-10

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B.—Every item of information should be carefully supplied. All 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.

THERE IS A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.

County: Jasper — Registration District No.: 408 — File No.:

Township: E. Jackson — Primary Registration District No.: 5563a — Registered No.:

City: (No. , St. Ward)

2. FULL NAME: Martin 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 26 - 1863

7. AGE: Years 66 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT
(Address)

15. FILED 4/9 19 30 — E. K. Bitterman — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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17. 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 m.

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(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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DID AN OPERATION PRECEDE DEATH? DATE OF

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WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) , M. D

, 19 (Address)

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

9125