

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.

*Mercy Hosp.*

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

Do not use this space.

12947

1. PLACE OF DEATH

County Jackson  
Township Paris  
City KANSAS CITY

Registration District No. 399  
Primary Registration District No. 1062

File No. \_\_\_\_\_  
Registered No. 1816  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 116 Garland  
(Usual place of abode)

St. 9 Ward. ICC Mo  
(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

7

4. COLOR OR RACE

W.

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) Mar. 22, 1920

7. AGE

YEARS 10

MONTHS 1

DAYS 8

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

115A  
95B  
91A

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Johnson County  
Mo.

10. NAME OF FATHER

Richard Patterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Elizabeth Walton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Lexington, Mo

14.

INFORMANT

(Address)

N. S. Miller  
116 Garland Avenue

15.

FILED

4/30, 1930

M. M. Crowe  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1930, to Apr. 30, 1930 that I last saw her alive on Apr. 30, 1930, and that death occurred, on the date stated above, at 11 pm.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pan carditis (Endocarditis - Myocarditis)  
(Acute)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.

CONTRIBUTORY (SECONDARY)

Septicemia Secondary

to streptococci throat (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Home

DID AN OPERATION PRECEDE DEATH?

No

DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Lab. + clinical

(Signed)

Stakela M.D.

M. D.

30, 1930 (Address) Mercy Hospital

\*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

Lexington - Mo.

5-1-30

20. UNDERTAKER

ADDRESS

Mrs. C. L. Foster

K.C. Mo.

