

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

Do not use this space.

29052

1. PLACE OF DEATH

County Barry Registration District No. 29 File No. _____
 Township Jenkins Primary Registration District No. 5048 Registered No. 40
 City Jenkins (No. BED # 2) St. _____ Ward _____

2. FULL NAME

Margaret Patter
 (a) Residence. No. BED # 2 Jenkins Mo - 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 <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Patter</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) - <u>Aug-24-1867</u>					
7. AGE		YEARS <u>63</u>	MONTHS <u>0</u>	DAYS <u>27</u>	If LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work. <u>Housewife</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					

9. BIRTHPLACE (CITY OR TOWN) Barry Mo -
 (STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Wm Perriman</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	12. MAIDEN NAME OF MOTHER <u>Martha O'Henson</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	

14. INFORMANT M. G. Patter
 (Address) Jenkins Mo.

15. FILED Nov 19 30 Mrs N.R. Williams
 REGISTRAR D.P.T.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 21 1930
 17. I HEREBY CERTIFY, That I attended deceased from June 1930 to Sept. 20 1930
 that I last saw him alive on June 19 1930, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brunn's myocarditis
93c
 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
700
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? 8 DATE OF _____
 WAS THERE AN AUTOPSY? ain
 WHAT TEST CONFIRMED DIAGNOSIS Examed
 (Signed) W.W. Smart, M. D.
 . 19 (Address) Kennett 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 Patter Cemetery DATE OF BURIAL 9/22 1930

20. UNDERTAKER King Funeral Home Aurora Mo ADDRESS _____

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.

