DEC 22 1930

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

Do not use this space.

36816

1. PLACE OF DEATH
County Miller
Township Richwood
City (No. St. Ward)

Registration District No. 562
Primary Registration District No. 5757

File No.
Registered No.

2. FULL NAME Mary Annabelle 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 7-1871

7. AGE: YEARS 59 | MONTHS 7 | DAYS 23 | If LESS than 1 day, hrs. or min.

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

PARENTS
10. NAME OF FATHER: James A Kershner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Westaugusta Va.
12. MAIDEN NAME OF MOTHER: Amada Snorf
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Geo W. Patterson
(Address) Iberia Mo

15. FILED 12/6, 1930 W. A. von Gremp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1930, to Nov 30, 1930 that I last saw her alive on Nov 30, 1930, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardia Renal Disease
Chronic Nephritis
(duration) 5 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. von Gremp, M. D.
12/1, 1930 (Address) Iberia 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: Union Cem
DATE OF BURIAL: 12/1 1930

20. UNDERTAKER: C. L. Casey
ADDRESS: Iberia Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD