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.

MAR 25 1931

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

Do not use this space.

6392

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

Registration District No. 581
Primary Registration District No. 4343

File No. .....
Registered No. 2

2. FULL NAME William Melbille 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 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Jessie Patterson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 3rd 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	5	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Banker. 131
(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): Kentucky 2

PARENTS

10. NAME OF FATHER: Andrew Patterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Mary Hughes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Jessie Patterson
(Address) Monroe City Mo.

15. FILED 3/9, 1931 O. W. Wilson Deputy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): February 8th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1931, to Feb 8, 1931, that I last saw him alive on Feb 7, 1931, and that death occurred, on the date stated above, at 8.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Embolism
Causing Instant
Death 94.13
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 148
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Not known
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings and History
(Signed) J. H. Hebb M. D.
2/9, 1931 (Address) City Health Offices Monroe City 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: St Judes Cemetary
DATE OF BURIAL: 2-10 1931

20. UNDERTAKER: Wilson & Son. Monroe City Mo.
ADDRESS: