

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

Do not use this space.

24031

**1. PLACE OF DEATH**

County Vernon  
Township Washington  
City                      (No. 4)

Registration District No. 875  
Primary Registration District No. 6162

File No.                       
Registered No. 157  
St.                      Ward                     

**2. FULL NAME**

Wade Barth 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. da. 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) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D-15, 1898

7. AGE YEARS 33 MONTHS - DAYS - If LESS than 1 day, hrs.                      or min.                     

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Depy Rec. Collector  
(b) General nature of industry, business, or establishment in which employed (or employer) 181  
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN)                       
(STATE OR COUNTRY) mo

10. NAME OF FATHER J. O. Patterson

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

12. MAIDEN NAME OF MOTHER Anna Booth

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

14. INFORMANT State Hosp Record  
(Address) Nevada Mo

15. FILED 7-10 19 31 E. R. King  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1931

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to June 20, 1931  
that I last saw him alive on June 20, 1931, and that death occurred, on the date stated above, at 2:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

13!  
Chronic Nephritis  
(duration) 7 yrs. mos.                      ds.

CONTRIBUTORY Uremia  
(SECONDARY) (duration)                      yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 131

IF NOT AT PLACE OF DEATH                     

DID AN OPERATION PRECEDE DEATH? no DATE OF                     

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinic lab  
(Signed) E. N. Coon, M. D.

6-20, 1931 (Address) Nevada 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 Springfield Mo DATE OF BURIAL June 21/31

20. UNDERTAKER Henry General Home Nevada 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.

JUL 28 1931

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