

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

Do not use this space.

28283

**1. PLACE OF DEATH**

County Jackson Registration District No. 329  
 Township Kan Primary Registration District No. 300  
 City Kansas City (No. Kansas City Gen. Hosp.) St. 1458 Ward 1

**2. FULL NAME**

Patterson Infant #2

(a) Residence, No. 3401 E. 75th St. 16 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. 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-6-31

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

FATHER 13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Helen Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Board Clerk K.C. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DATE Aug 11 31

19. UNDERTAKER (ADDRESS) Peter B. Lapetina K.C. Mo

20. FILED 8-9-1931 M. J. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-6 1931, to 8-8 1931

I last saw her alive on 8-8 1931. Death is said to have occurred on the date stated above, at H.O. m.

The principal cause of death and related causes of importance were as follows:

Prematurity (Born) 157  
159  
 Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Cholera Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Yes

(Signed) J. J. Gaudet, M. D.  
 (Address) Asst. Sup't. K.C. Gen. Hosp.

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.

