

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

Do not use this space.

1. PLACE OF DEATH

County Green

Registration District No. 318

File No. 30989

Township Springfield

Primary Registration District No. 2521

Registered No. _____

City Springfield (No. 1)

Ward _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 723 Sherman St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1886

7. AGE YEARS 45 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor since 1912

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2109 2108

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 23 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO MO

13. NAME Christopher Patter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO MO

15. MAIDEN NAME Mrs. E. Fordman

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

17. INFORMANT Mrs. A. E. Patter (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 9-2-12

19. UNDERTAKER German Lehmyer (ADDRESS) Springfield Mo.

20. FILED 9-2-12 1912 Loe Sharp Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1912

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1912 to Sept 1 1912
I last saw him alive on Sept 1 1912. Death is said to have occurred on the date stated above, at 4 P. m.

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

Internal hemorrhage from punctured lung & ruptured kidney

Other contributory causes of importance: Crushed in auto accident

Name of operation no name Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 1, 1912
Where and injury occur? Springfield Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On highway to 6 & Kearney
Manner of injury car skidded & struck
Nature of injury crush

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Willow Smith M. D.
(Address) Springfield Mo.

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

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.

OCT 22 1912

108

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