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

Do not use this space.

8328

1. PLACE OF DEATH
County Jackson Registration District No. 35 File No.
Township Raw Primary Registration District No. Registered No. 898
City Kansas City (No. 4219 Forest Ave St. Ward)

2. FULL NAME Lucretia Ann Patterson
(a) Residence, No. 4219 Forest Ave 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. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

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) Nov. 4-1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City
(STATE OR COUNTRY) Missouri

FATHER
13. NAME C. E. Patterson
14. BIRTHPLACE (CITY OR TOWN) Camden
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Irene Walker
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Mr. R. E. Patterson
(ADDRESS) 4219 Forest Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Orrick, Mo. DATE Mar. 4, 1932

19. UNDERTAKER E. H. Newcomer's Sons
(ADDRESS) Kansas City, Mo.

20. FILED 3/3, 1932 M. Sh. Crowe
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1932, to Mar 2, 1932
I last saw her alive on Mar 1, 1932. Death is said to have occurred on the date stated above, at 6:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Broncho)	
10 hr	
10 hr	

Other contributory causes of importance:
Uremia

Name of operation None Date of
What test confirmed diagnosis? Physical 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
(Signed) N. A. Galyon, M. D.
(Address) 307 Ten Broeck

303 Northman Bldg.
12-5:30; 7-8