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.

JUN 21 1932

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

Do not use this space.

15331

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph (No. 301, South 9th st. St. Ward)

File No.
Registered No. 455

2. FULL NAME James William Patterson
(a) Residence, No. 301 South 9th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. 1 mos. 4 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 husband
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14 - 1861
7. AGE 70 YEARS 5 MONTHS 21 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm manager
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) April 1, 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vinton Co. Ohio 2.

FATHER
13. NAME John Patterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 2 Unknown

MOTHER
15. MAIDEN NAME Sarah Crawford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Unknown

17. INFORMANT (ADDRESS) Flora Etta Patterson 301 South 9th St Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE R. P. Cem. Maitland Mo. DATE May 6 1932
19. UNDERTAKER (ADDRESS) Marion Kelly Maitland, Missouri
20. FILED MAY 5 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1932
22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to May 4, 1932
I last saw him alive on May 4, 1932 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Lives — 46E
132
125
Date of onset Nov. 1931
Other contributory causes of importance: Jaundice + Uremia
1
Name of operation None Date of
What test confirmed diagnosis? Hyp Ens Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? No
If so, specify no
(Signed) J. G. Humphrey M. D.
(Address) 825 Charles St Joseph Mo