

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

Do not use this space.

16170

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City (No. 40 General)

Registration District No. 399
Primary Registration District No. 1002

File No. 1963
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Dave Patterson
(s) Residence, No. 1210 Court St. 1 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. mos. 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 Louise Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 / 1 / 13

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) (STATE OR COUNTRY) Kansas

13. NAME Alexander Patterson

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

15. MAIDEN NAME Sarah McStay

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

17. INFORMANT (ADDRESS) Deirdre Clerk
K.C. Gen. Hosp. 120 Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds DATE 5-13 1937

19. UNDERTAKER (ADDRESS) Tafetina K.C. Mo.

20. FILED 5/14 1937 M. McCrow
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937 to May 5, 1937. I last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 8:45 PM.

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

Pulmonary Tuberculosis
23A
23B
Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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) P. W. Williams M. D.
(Address) Gen. Hosp. 120 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.

