

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

Do not use this space.

20216

1. PLACE OF DEATH

78 County Montgomery
3 Township Danville
City New Florence, (No., St. Ward)

Registration District No. 593

Primary Registration District No. 4351

File No. 75

Registered No.

2. FULL NAME Mary Josephine Patterson

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 09-23-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper in house
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) St. Louis, Mo.

13. NAME E. A. Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. Missouri

15. MAIDEN NAME Louisa Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. Missouri

17. INFORMANT (ADDRESS) Fred Hunt New Florence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence, Mo. DATE 6/29 1932

19. UNDERTAKER (ADDRESS) E. D. Bush New Florence, Mo.

20. FILED 6/29 1932 James O. Helm MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23rd, 1932, 19... to June 28th, 1932, 19...

I last saw h. or alive on June 23rd, 1932, 19... Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Pernicious Anemia. Date of onset 1929

Other contributory causes of importance: Infirmities of age

Name of operation None Date of... XXXXXX

What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

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

Where did injury occur? XXXXXX (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XXXXXX

Nature of injury XXXXXX

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify XXXXXX

(Signed) Douglas Hyatt, M.D. (Address) New Florence, Missouri.

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.

JUL 26 1932

