

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.

SEP 21 1932

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

Do not use this space.

25442

1. PLACE OF DEATH

County Berns  
Township St. Joseph  
City St. Joseph (No. 100)

Registration District No. 85  
Primary Registration District No. 100

File No. \_\_\_\_\_  
Registered No. 788  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1 Kansas City, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Kansas City, Mo.  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benjamin Patterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13, 1866</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>5</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Olney Illinois</u>		
13. NAME <u>William Riley Stark</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Connecticut</u>		
15. MAIDEN NAME <u>Mary Dale</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Kentucky</u>		
17. INFORMANT <u>Hospital records St. Joseph Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>KC Mo</u> DATE <u>8-15-32</u>		
19. UNDERTAKER (ADDRESS) <u>Beaton Bohler Dawson 319 So 10th St</u>		
20. FILED <u>8-15-32</u> 19 _____ <u>John T. Kerdu</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932, to August 14, 1932.

I last saw her alive on August 14, 1932. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Date of onset 3/22/32  
Flu

Other contributory causes of importance: non

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Pathology 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? No  
If so, specify \_\_\_\_\_

(Signed) Clifton Smith, M. D.  
(Address) St. Joseph Hospital #2 St. Joseph

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