

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

Do not use this space.

35363

39
1
6
9

1. PLACE OF DEATH
 County Greene Registration District No. 316
 Township Boone Primary Registration District No. 4191
 City Ash Grove (No. _____) St. _____ Ward _____

2. FULL NAME Alice Ann Patterger
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF D.P. Patterger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/20/1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 + 9 - 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Housewife
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ladoga Ind 2
 (STATE OR COUNTRY)

10. NAME OF FATHER Samuel Parker France

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 21
 (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Pety Harchbarger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 41-26
 (STATE OR COUNTRY) unknown

14. INFORMANT Jessie Patterger
 (Address) Ash Grove Mo

15. FILED 12-5-32 D. Charles (Durr)
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/25 1932

17. I HEREBY CERTIFY, That I attended deceased from 11-21 1932, to 11-25 1932, and that I last saw her alive on 11-25 1932, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
1078
106B / 1078
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY chronic Bronchitis
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____ (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Charles H. McHaffie, M.D.
41-26, 19 32 (Address) Ash Grove Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ash Grove Mo DATE OF BURIAL 11/27 1932

20. UNDERTAKER A. Salzbach - Ash Grove Mo ADDRESS _____

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.

RECORD WITH CHANGING INK—THIS IS A PERMANENT RECORD

