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.

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

Do not use this space.

12735

1. PLACE OF DEATH

24 County Clay — Registration District No. 198 — File No. 57

2 Township Fishing River — Primary Registration District No. 3011 — Registered No. 57

4 City Excelsior Springs, Missouri (No. Veterans Hospital St. 3rd Ward)

2. FULL NAME PATTERSON, Alfred W.

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. St. Ward (Usual place of abode) Winnipeg, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 9 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: Bessie Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 28 1896

7. AGE: YEARS 36 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: farm
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Joseph L. Patterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Artelia Shelby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Veterans Hospital records, Excelsior Springs, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Winnipeg, Mo. DATE 4-3-33, 19

19. UNDERTAKER (ADDRESS): John C. Prather, Excelsior Springs Mo

20. FILED Apr. 3, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 3, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1932, 19, to April 3 1933, 19

I last saw him alive on April 3, 1933, 19 Death is said to have occurred on the date stated above, at 6:40am.

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

	Date of onset
Chronic pulmonary tuberculosis	
Tuberculosis of intestines	
23 A	
25	
71 B	

Other contributory causes of importance:
Anemia

Name of operation none Date of

What test confirmed diagnosis? exam & obs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? x 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. x

Manner of injury x

Nature of injury x

24. Was disease or injury in any way related to occupation of deceased? unknown

If so, specify

(Signed) [signature], M. D.

(Address) Garrett V. Johnson, Excelsior Springs, Mo.