

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

Do not use this space.

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.

JUL 22 1933

1. PLACE OF DEATH
 County Franklin Registration District No. 287
 Township Clay Primary Registration District No. 5404
 City Charlton (No. W. Patterson) St. Ward

2. FULL NAME Charles W. Patterson

(a) Residence, No. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

16167
 File No.
 Registered No. 33

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OF RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>W</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 1, 1933</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Melby J. Patterson</u>				22. I HEREBY CERTIFY That I attended deceased from <u>June 29, 1933</u> to <u>July 1, 1933</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 8-56</u>					Last saw him alive on <u>June 30, 1933</u> Death is said to have occurred on the date stated above, at <u>3 p. m.</u>	
7. AGE YEARS <u>77</u>	MONTHS <u>-</u>	DAYS <u>-</u>	If LESS than 1 day, hrs. or min.		The principal cause of death and related causes of importance were as follows: <u>Heart, Calitid</u> Date of onset <u>6/17/33</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				120E	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				120	
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Other contributory causes of importance: <u>Security</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ma</u>						
FATHER	13. NAME <u>Reped Patterson</u>					
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ma</u>					
MOTHER	15. MAIDEN NAME <u>" "</u>					
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
17. INFORMANT <u>D. M. Patterson</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Charlton</u> DATE <u>7-2-1933</u>						
19. UNDERTAKER (ADDRESS) <u>Wiley</u>						
20. FILED <u>7-2-33</u> <u>City of</u> Registrar.						
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 <u>Security</u> (Signed) <u>D. M. Patterson</u> M. D. (Address) <u>Franklin Mo</u>						

