

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

Do not use this space.

1. PLACE OF DEATH

35 *Franklin*
County
Township *Ray*
City (No.) St. Ward

Registration District No. *287*
Primary Registration District No. *2001*

File No. **19348**
Registered No. *32*

2. FULL NAME

Thomas 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>S</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>6-26-33</i>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <i>4</i> hrs. or <i>4</i> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>	
	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) <i>Mo</i>		
FATHER	13. NAME <i>T. M. Patterson</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>	
MOTHER	15. MAIDEN NAME <i>Anna White</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>	
17. INFORMANT (ADDRESS) <i>T. M. Patterson</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Church</i> DATE <i>6-27</i> 19. <i>3</i>		
19. UNDERTAKER (ADDRESS) <i>None</i>		
20. FILED <i>6-27-33</i> 19. <i>3</i> <i>E. H. Cape</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 27, 1933*

22. I HEREBY CERTIFY, That I attended deceased from, 19... to, 19... I last saw him alive on, 19... Death is said to have occurred on the date stated above, at *12:50 p.m.*

The principal cause of death and related causes of importance were as follows:
Premature birth Date of onset *at 6 mo.*

159
159

Other contributory causes of importance:

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 *P. H. Cape* M. D.
(Signed) *E. H. Cape*
(Address) *Homer, Mo.*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 22 1933

