

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

Do not use this space

*Dr. Patterson*  
**19457**

**1. PLACE OF DEATH**

County *Greene* Registration District No. *318*  
Township *Springfield Mo. 426 E Chestnut* Primary Registration District No. *2901*  
City *Springfield Mo. 426 E Chestnut* St. *Ward*

File No. ....  
Registered No. *475*  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. *426 E Chestnut* St. .... Ward.

(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 *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 *Elgie Patterson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 1 - 1873*

7. AGE YEARS MONTHS DAY If LESS than 1 day, ..... hrs. or ..... min.  
*59 11 10*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer Plumber*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Inspector*

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) *Springfield Missouri*

MOTHER FATHER 13. NAME *John A. Patterson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

15. MAIDEN NAME *Sarah Hickell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

17. INFORMANT *Mrs. Elsie Patterson* (ADDRESS) *426 E Chestnut*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maple Park* DATE *June 19 1933*

19. UNDERTAKER (ADDRESS) *Alma L. Knapp* *Springfield Mo.*

20. FILED *6719 1933* *Ralph W. Baughman* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 17 1933*

I HEREBY CERTIFY That I attended deceased from *June 12 1933* to *June 17 1933*  
Last saw him alive on *June 17 1933* Death is said

to have occurred on the date stated above, at *3:30 P.M.*

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

*Myocardio-Pneumonia* Date of onset *6/14/33*

Other contributory causes of importance:  
*107A*

Name of operation *None* Date of *✓*  
What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *no* Date of injury *no*, 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 *E*  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify (Signed) *J. A. Patterson*, M. D.

(Address) *Springfield Mo.*

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.

*111 21 1933*

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