

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

Do not use this space.

26395

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Raw Primary Registration District No. 1002 Registered No. 3271
 City Kc. (No. South Baptist Hospital St. _____ Ward _____)

2. FULL NAME

Mrs. Ruth Patterson
 (a) Residence, No. Kansas City, St. B.F.D. 2 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Seth N. Patterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 - 1892</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>10</u>
	DAYS <u>10</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>J.C. Goodrich Iowa</u>		
FATHER	13. NAME <u>J.C. Goodrich</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jart Dodge Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Lydia UNKNOWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shippensburg Pa.</u>	
17. INFORMANT <u>MR. SETH N. PATTERSON</u> (ADDRESS) <u>KANSAS CITY, KANSAS</u>		
18. BURIAL-CREMAATION, OR REMOVAL PLACE <u>St. Washington</u> DATE <u>Aug 16 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Deane & Co. 211 East 7th</u>		
20. FILED <u>8716</u> 19 <u>33</u> M. M. Brown Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-6-33 1933 to 8-14-33 1933
 I last saw him alive on 8-14-33 1933 Death is said to have occurred on the date stated above, at 12:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Local Pelvic Peritonitis
Toxic Shock
Pulmonary Embolism
 Other contributory causes of importance:
Toxic Shock
Pulmonary Embolism
 Name of operation Felty's Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? Yes

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 _____
 (Signed) John O. Spencer, M. D.
 Address 140 E. Broadway

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.

