

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

Do not use this space.

26731

1. PLACE OF DEATH
 19 County Jasper Registration District No. 408
 5 Township Carthage Primary Registration District No. 3020
 7 City Carthage No. _____ St. _____ Ward _____
 2. FULL NAME Nellie Mae Patterson
 (a) Residence, No. Melrose Brooks Hospital Lamar Mo (If nonresident, give city or town and State)
 (Usual place of abode)
 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>Roy Patterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1st 1898</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>10</u>
	DAYS <u>5</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) <u>7-27-33</u>		11. Total time (years) spent in this occupation <u>12</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Armatong Indiana</u> <u>Decinola</u>		
FATHER	13. NAME <u>Fred M. Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Hattie Viola Roberts</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rantoul Illinois</u>	
17. INFORMANT <u>Roy Patterson</u> (ADDRESS) <u>Lamar Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cemetery</u> DATE <u>Aug 6th 1933</u>		
19. UNDERTAKER <u>J. H. Kostigutz</u> (ADDRESS) <u>Lamar, Mo</u>		
20. FILED <u>Aug 6 1933</u> <u>S. B. Clinton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1933 to Aug 5, 1933
 I last saw her alive on Aug 4, 1933 Death is said to have occurred on the date stated above, at 5:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Bacteremic appendicitis Date of onset Aug 2 1933
General Peritonitis
 Other contributory causes of importance:
drainage
General Peritonitis
 Name of operation appendectomy Date of Aug 3
 What test confirmed diagnosis? appendicitis 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 _____, 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? No
 If so, specify _____
 (Signed) H. A. LaFare, M. D.
 (Address) Carthage Mo

WHILE PAINLY, 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.

AUG 26 1933

7-27-33

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WIN 25 1945

FEB 16 1945