

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.

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

Do not use this space.

1991
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EX-103
FEB 27 1934

1. PLACE OF DEATH

County *Newton*

Registration District No. *609*

File No. *7*

Township *Neosho*

Primary Registration District No. *4363*

Registered No. _____

City *Neosho* (No. _____) St. _____ Ward _____

2. FULL NAME

Ellen Elizabeth Patterson

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-21-1934*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Single*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 21*, 1934 to *Jan 21/34*, 19...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 21, 1934*

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *7:30 P.M.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, *5* hrs. or min.

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

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

Premature - Born at 7 months
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Neosho Mo.*

Other contributory causes of importance
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME *A. H. Patterson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Murray County Georgia*

15. MAIDEN NAME *Mary Louise Weeks*

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

17. INFORMANT *A. H. Patterson* (ADDRESS) *Neosho Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Funerary* DATE *1-22-1934*

19. UNDERTAKER *City Thompson* (ADDRESS) *Neosho Mo.*

20. FILED *1-22-1934* *Dr. E. M. Roseberry* Registrar.

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) *E. E. Maness*, M. D. (Address) *Neosho, Missouri*

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