

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.

MAY 25 1934

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

Do not use this space.

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1. PLACE OF DEATH
 County Cass Registration District No. 151
 Township Coldwater Primary Registration District No. #5-215
 City (No.) St. Ward)
 2. FULL NAME Pearl Patterson
 (a) Residence. No. St. Ward.
 (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. (If nonresident, give city or town and State)

File No. 4229-2
 Registered No. 3

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Montie Patterson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB-15-1884
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 0 2
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Genl Farming
 (c) Name of employer Self
 9. BIRTHPLACE (CITY OR TOWN) Garnett Kans.
 (STATE OR COUNTRY)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-17 1934
 17. I HEREBY CERTIFY, That I attended deceased from, 19... to, 19... that I last saw h... alive on, 19... and that death occurred, on the date stated above, at about 10:00P.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide, by placing 12 gauge shot gun in mouth & pulling trigger. Shot came out on right side of head.
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 167 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 167
 DID AN OPERATION PRECEDE DEATH? no DATE OF

PARENTS
 10. NAME OF FATHER John Patterson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Luina McDonald
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa
 (STATE OR COUNTRY)
 14. INFORMANT Mrs. Pearl Patterson
 (Address) Rich. Mo.
 15. FILED 200 34 1934 John S. Dundy REGISTRAR

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Ernest R. ...
218, 1934 (Address) Harrisonville Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Glenwood Cem DATE OF BURIAL 2/20 1934
 20. UNDERTAKER J. H. ... ADDRESS Rich. Mo.

