

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

Do not use this space

2
8799

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Emmett (No. 23 & Emmett St) R. 6 Mo. St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 23 & Emmett St Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Grace Patterson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mi.
68 0 14
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 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) Scotland
 13. NAME No record
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
 15. MAIDEN NAME No record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Joseph Patterson (son)
 (ADDRESS) 14011 Beaumont
 18. BURIAL, CREMATION, OR REMOVAL PLACE Local Hills DATE _____ 19____
 19. UNDERTAKER Sheir
 (ADDRESS) 6666 Indep. Ave. N. C. Mo
 20. FILED March 19, 1934 Dr. F. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16/34
 22. I certify that I attended deceased from _____ 19____
 I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above _____ m. _____

The principal cause of death and related causes of importance were as follows:
Coronary sclerosis
Chronic sclerotic endocarditis
Chronic fibrous myocarditis

Other contributory causes of importance:
Coronary sclerosis
Chronic sclerotic endocarditis
Chronic fibrous myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy _____
 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 directly related to occupation of deceased? _____
 If so, specify _____
 (Signed) E. J. Leitch M.D.
 (Address) Blue

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.

1934 APR 25

