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.

11357

1. PLACE OF DEATH
County Barton — Registration District No. 40 — File No.
Township Lamar — Primary Registration District No. 5058 — Registered No. 45
City L (No. St. Ward)

2. FULL NAME Nettie Patterson

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Willis Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29-1867

7. AGE YEARS 66 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
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) Shackelford Missouri

FATHER
13. NAME Joshua Self
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Lucy J. Kiser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Willis Patterson Lamar Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Cemetery DATE Apr. 3, 1934

19. UNDERTAKER (ADDRESS) A. J. Kiser Lamar Mo.

20. FILED Apr. 2, 1934 A. J. Mynatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan-3, 1934, to Apr-1, 1934
I last saw her alive on Mch 30, 1934 Death is said to have occurred on the date stated above, at 7-30 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach and liver

Date of onset

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? — Was there an autopsy? no

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) C. E. Duckett, M. D.
(Address) Lamar Mo