

MAY 25 1934

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

Do not use this space.

14034

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township St. Francois Primary Registration District No. 4465
City Flat River (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

Elizabeth Elvora 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th 1930
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 9 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Babe
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 —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River Mo

FATHER
13. NAME John Patterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonneville Mo

MOTHER
15. MAIDEN NAME Nora Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonneville Mo

17. INFORMANT John Patterson
(ADDRESS) Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Chapel Cemetery DATE 4-9-34

19. UNDERTAKER Caldwell Bros
(ADDRESS) Flat River Mo

20. FILED 4/12 19 34 C. B. Kerr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1934
22. I HEREBY CERTIFY, That I attended deceased from April 1 1934 to April 8 1934
I last saw h. e. x. alive on April 8 1934. Death is said to have occurred on the date stated above, at 4 A. M.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset
9
Other contributory causes of importance: Whooping Cough

Name of operation Date of
What test confirmed diagnosis? Exam. 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? No.
If so, specify C. H. Appleben, M. D.
(Signed) Flat River, Mo.
(Address)

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.

