JUN 29 1934

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

Do not use this space.

1. PLACE OF DEATH
County Scotland
Township Scotland
City Memphis (No. ..... St. ..... Ward)

Registration District No. 810
Primary Registration District No. 4438

File No. 19153
Registered No. 22

2. FULL NAME Rebecca Milley Patterson

(a) Residence, No. 422 Main St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF J. P. Patterson Dec

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
92	10	28	

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. .....
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) Rockbridge County Virg

FATHER
13. NAME Samuel Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockbridge County Virg

MOTHER
15. MAIDEN NAME Jeannette Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockbridge County Virg

17. INFORMANT (ADDRESS) Louis J. Patterson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memphis cemetery DATE May 19 1934

19. UNDERTAKER J. W. Payne & Sons
(ADDRESS) Memphis

20. FILED JUN 14 1934 19 ..... E. C. Garrett
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1934

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934, to May 16, 1934
I last saw her alive on May 16, 1934. Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	
131	
938 131	

Other contributory causes of importance:
Chronic 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 in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A. M. Keethler, M. D.
(Address) Memphis Mo

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.