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.

100M-11-24-33

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

Do not use this space. Cox Lee Dr. 28953

SEP 28 1934

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 410
Township — Primary Registration District No. 2801 — Registered No.
City Springfield Mo. (No. 658 S. Fremont St. Ward)

2. FULL NAME Eliza Jane Patterson
(a) Residence, No. 658 S. Fremont Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: James H. Patterson (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2 - 1849

7. AGE: YEARS 85 — MONTHS 5 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): Forsythe Mo.

FATHER
13. NAME: David Clapp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME: Delia Klapp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Mrs Maggie F George Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE Aug. 13 - 1934

19. UNDERTAKER (ADDRESS): Alma Tammeyer Springfield Mo.

20. FILED Aug 11 1934 ~~John W Williams~~ Ralph W Livingston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 12 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Aug - 12, 1934
I last saw her alive on Jan -, 1933. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

95 B

Cardio-Vascular disease

Date of onset

Other contributory causes of importance:

95 E 2

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? No
If so, specify .....
(Signed) Lee Cox, M. D.
(Address) 229½ South