

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.

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

Do not use this space.

APR 1 6 1934

35196-A  
32

1. PLACE OF DEATH

County Bollinger  
Township Bilbump  
City (No. ....) (No. ....) St. .... Ward)

Registration District No. 69  
Primary Registration District No. 105

File No. ....  
Registered No. ....

2. FULL NAME

(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident, give city or town and State)

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 William Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
90 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
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) 1925 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 13. NAME Bot  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Don't Know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Susan M. Loyd  
(ADDRESS) Palma

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson Cem. DATE Oct. 10, 1934

19. UNDERTAKER David Shue  
(ADDRESS) Hahn

20. FILED April 10, 1934 A. T. Kirkpatrick  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1930 to Oct 9, 1934

I last saw him alive on Oct 1, 1934 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular heart disease  
9211  
97  
9211  
Other contributory causes of importance:  
Arteriosclerosis

Date of onset

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. T. Kirkpatrick M. D.  
(Address) Palma

