DEC 17 1934

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

Do not use this space.

File No. 39793

Registered No.

**1. PLACE OF DEATH**

County: Jasper — Registration District No. 415

Township: — Primary Registration District No. 4247

City: Reeds (No. ..., ..... St. ..... Ward)

**2. FULL NAME** Nettie Patterson

(a) Residence, No. ..... St., ..... 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. R. Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 1881

7. AGE: Years 53 | Months 5 | Days — | If LESS than 1 day, ..... hrs. or ..... min.

23%

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At 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): Unknown Iowa — 31

FATHER

13. NAME: L. D. Caldwell — 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa — 31

MOTHER

15. MAIDEN NAME: Elizabeth —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa

17. INFORMANT (ADDRESS): J. R. Patterson Reeds, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Jasper Cem. DATE: Nov 23, 1934

19. UNDERTAKER (ADDRESS): Knell Mortuary Carthage, Mo.

20. FILED 11/23, 1934 Geo L Bragelon, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1934, to Nov 21, 1934

I last saw h... alive on Nov 13, 1934. Death is said to have occurred on the date stated above, at 9 a.m.

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

| | Date of onset |
|---|---|
| Carcinoma of L. Breast | |
| 50 | 50 |

Other contributory causes of importance:

Name of operation: 0 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) R. C. Baker, M. D.

(Address) Carthage 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD