

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.

16-189

JAN 18 1935

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

Do not use this space.

43064

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Kear Primary Registration District No. \_\_\_\_\_  
City Kansas City, Mo (No. 3516 Summit) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 449  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Barbara Ann Patterson

(a) Residence, No. 3423 Baltimore 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Baby</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><input checked="" type="checkbox"/> |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-3-34</u>  |  |  |
| 7. AGE  | YEARS  | MONTHS   |
|   |  | DAYS   |
|   |  | If LESS than 1 day, _____ hrs. or _____ min.                             |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Baby</u> |  |
|   | 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) <u>Kansas City, Mo</u>                             |  |  |
| FATHER  | 13. NAME <u>Robert Greeley</u> (18)  |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Mo</u>                                    |  |
| MOTHER  | 15. MAIDEN NAME <u>Ruth Patterson</u> (15)   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo</u>  |  |
| 17. INFORMANT <u>Ruth Patterson</u><br>(ADDRESS) <u>3423 Baltimore</u>                              |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill,</u> DATE <u>12/19/34</u> , 19__              |  |  |
| 19. UNDERTAKER <u>O. V. MAST FUNERAL HOME, Inc.</u><br>(ADDRESS) <u>3146 Main St</u>                |  |  |
| 20. FILED <u>12/19</u> , 19 <u>34</u> <u>M. M. Brown</u><br><u>Asst. Registrar.</u>                 |  |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-34, 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from 12-3-, 1934, to 12-18-, 1934.  
I last saw h. EV alive on 12-18-, 1934. Death is said to have occurred on the date stated above, at 7:55 P. m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia Lobar  
159 108  
159 108  
Other contributory causes of importance:  
Pre-mature Birth

Name of operation Cyano Date of 5/1  
What test confirmed diagnosis Chemical Was there an autopsy? Yes

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) [Signature] M. D.  
(Address) [Address]

NE C.F. Hydon

Shaker Bldg, Room 500 # 1115 Grand Ave

~~Na # 4688~~ ~~7/1/58~~

Na' 4688

9 am to 4 pm