

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.

16150

JUN 13 1935

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 2001 Registered No. _____
City Springfield Mo. 782 W. Florence St. _____ Ward _____

2. FULL NAME

Armanda Jane Patterson
(a) Residence, No. 982 W. Florence 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED TO HUSBAND OF (OR) WIFE OF W. H. Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 - 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>6</u>	<u>26</u>	

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) Dallas Co. Mo.

MOTHER FATHER
13. NAME Wes. Reenes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Levy Mo.

15. MAIDEN NAME T. Hicks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Caroline Spain Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE May 13

19. UNDERTAKER (ADDRESS) Elma S. Myers Springfield Mo.

20. FILED 5-9 1935 John W. Hamilton (Address) Springfield Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Post 5 years, 1930, to 5-8-35, 1935
I last saw h.e. alive on 5-8-35, 1935. Death is said

to have occurred on the date stated above, at 3:35 P.M.

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

Chronic Calc Oculi
General Arterial Sclerosis
Paraneuritic Nephritis
Mitral Stenosis years 49

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1935

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) C. E. Zeller, M. D.

