

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.

741

OCT 23 1935

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

Do not use this space.

*Dr. Ned White*

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 29292  
Township \_\_\_\_\_ Primary Registration District No. 2801 Registered No. 476  
City Springfield Mo. 890 N. Franklin St. Ward \_\_\_\_\_

2. FULL NAME

William Lloyd Van Patten  
(a) Residence, No. 890 N. Franklin Ward \_\_\_\_\_ (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 2 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
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) Springfield Mo

FATHER 13. NAME Chas. Van Patten

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

MOTHER 15. MAIDEN NAME Ressie Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT (ADDRESS) Mrs. Ressie Morris

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Sept 23 1935

19. UNDERTAKER (ADDRESS) Alma J. Boyce

20. FILED 10-28-35 W. Van Patten Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/21, 1935, to 9/30, 1935  
I last saw him alive on 9/29, 1935 Death is said to have occurred on the date stated above, at 7 A m.  
The principal cause of death and related causes of importance were as follows:

Typhoid Fever Date of onset 8/21/35

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Widal 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) R. Ned White M. D.  
(Address) 222 1/2 E. Commercial

