NOV 21 1935

NOV 21 1935

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

Do not use this space.

35683

1. PLACE OF DEATH

County Dunklin — Registration District No. 289 — File No.

Township — Primary Registration District No. 4173 — Registered No. 40

City Malden (No. ..... St. ..... Ward)

35 8 2

2. FULL NAME Teddy Lee 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: 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): April 4-1934

7. AGE: YEARS 1 — MONTHS 7 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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): Malden Mo.

FATHER

13. NAME: Ollie Patterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Ill

MOTHER

15. MAIDEN NAME: Pauline Riddle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo

17. INFORMANT (ADDRESS): Ollie Patterson Malden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden Mo DATE 11-6 1935

19. UNDERTAKER (ADDRESS): W. L. Craig Malden Mo

20. FILED 11-6 1935 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 31st, 1935, to Nov. 5th, 1935

I last saw him alive on Nov. 5th, 1935. Death is said to have occurred on the date stated above, at 1:10 a.m.

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

	Date of onset
Alimentary Intoxication	10/31/35

Other contributory causes of importance:

Otitis Media	6 da
Anhydremia	5 da
Convulsion	1 hr

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) John D Van Cleve, M. D.

(Address) Malden Mo

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.

V.D.V.