

FEB 20 1936

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

Do not use this space.

2112

1. PLACE OF DEATH

County Marion Registration District No. 577
Township Marion Primary Registration District No. 3079
City Hannibal (No. 1608 E. st) St. _____ Ward _____

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME Alice Patterson

(a) Residence, No. 1608 E. st 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marcella</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28th. 1856</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st. 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 30 1935, to Jan 1 1936
I last saw her alive on Dec 31 1935. Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:
Septic a Rheumatic myocarditis not known
slow
Date of onset _____

Other contributory causes of importance:
Influenza not known

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>William J. Carter</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT <u>Marcella Patterson</u> (ADDRESS) <u>1608 E. st. Hannibal Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Berkley New London</u> DATE <u>Jan 4th 1936</u>
	19. UNDERTAKER <u>James O'Donnell</u> (ADDRESS) <u>Hannibal Mo</u>
	20. FILED <u>Jan 3 1936</u> <u>R.H. Sabata</u> Registrar.

Name of operation _____ 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? _____
If so, specify _____
(Signed) P. J. Reckmann, M. D.
(Address) Oakwood 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.

