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.

APR 23 1936

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

Do not use this space.

10886

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 1561

City Kansas City (No. 3133 Main St. Ward)

2. FULL NAME Sallie E. Patterson

(a) Residence, No. 3133 Main 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	87	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Missouri

FATHER

13. NAME matthias Cline

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Anna E. Riddle (Daughter)
(ADDRESS) 3133 Main Street, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Council Grove, Kans. DATE 3/22 1936

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Pla a

20. FILED Mch 23 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1935, to 3-20, 1936

I last saw her alive on 3-20, 1936 Death is said to have occurred on the date stated above, at A. m. 10

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

Senility & Pleurisy — Date of onset

Non tuberculous & traumatic

1100

Other contributory causes of importance:

Bronchitis Acute

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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) Amy E Brown, M. D.

(Address) 2637 E 29 - KBmo

2637-E.29
Ei 4815-