urner

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.

JUL 17 1936

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

Do not use this space.

22114

1. PLACE OF DEATH

County Butler Registration District No. 88 File No.

Township Neely Primary Registration District No. 5130 Registered No. 13

City Neelyville (No. 1 mile north of Neelyville. St. Ward)

2. FULL NAME Lucinda Patterson

(a) Residence, No. 1 mile N. Neelyville 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: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sam Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 14, 1856

7. AGE: Years 79 | Months 7 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife

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: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elva Georgia

FATHER

13. NAME: Sam Rueker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Sam Patterson

18. BURIAL, CREMATION, OR REMOVAL: Neelyville Cem.
PLACE Neelyville DATE 6/2/ 1936

19. UNDERTAKER (ADDRESS): Frank Und. Co. Poplar Bluff, Mo.

20. FILED 7/9 1936 R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1936, to June 1, 1936

I last saw her alive on Apr. 14, 1936. Death is said to have occurred on the date stated above, at 4 P.m.

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

	Date of onset
Chronic Nephritis	1933

Other contributory causes of importance:

Arteria - sclerosis

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? No

If so, specify .....

(Signed) R. L. Turner, M. D.

(Address) Neelyville Mo.