

JUL 23 1936

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

Do not use this space.

23434

1. PLACE OF DEATH

County Lewis
Township Centers
City Centers (No.)

Registration District No. 477
Primary Registration District No. 4286

File No.
Registered No. 76
St. Ward

2. FULL NAME

Amie M. Patterson

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

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>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Patterson</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 7-1855</u> | | |
| 7. AGE <u>80</u> | YEARS <u>6</u> | MONTHS <u>22</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u> | | 11. Total time (years) spent in this occupation <u>Life</u> |
| 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) <u>6/29-36</u> | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u> | | |
| 13. NAME <u>William H. Lingham</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u> | | |
| 15. MAIDEN NAME <u>Frances Pratt</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u> | | |
| 17. INFORMANT (ADDRESS) <u>Amie Patterson Centers Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Centers Mo.</u> DATE <u>July 1 1936</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>H. D. Kelly Centers Mo</u> | | |
| 20. FILED <u>June 30 1936</u> <u>H. W. Harris</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/29 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1933, to June 18 1936.
I last saw h.e.v. alive on June 18 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis chronic 1926
Cardiac Decompensation
Other contributory causes of importance
None
Name of operation None Date of
What test confirmed diagnosis? 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) Roland F. Mueller, M. D.
(Address) Centers 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.

