

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.

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

Do not use this space.

JUL 29 1936

25211

1. PLACE OF DEATH

County Steele  
Township Salt River  
City Shelbina (No. \_\_\_\_\_)

Registration District No. 830  
Primary Registration District No. 4503

File No. \_\_\_\_\_  
Registered No. 29 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mettie Patterson

(a) Residence, No. Shelbina Mo. 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>Silas Clinton Patterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>-</u>
		DAYS
		<u>-</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</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) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Mo.

MOTHER / FATHER 13. NAME Henry J. Sparks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Harvey J. Patterson  
(ADDRESS) Shelbina Mo. RFD #14

18. BURIAL, CREMATION OR REMOVAL PLACE Shelbina Mo. DATE June 26, 1936

19. UNDERTAKER E. Hayes Shelbina Mo.  
(ADDRESS)

20. FILED June 26, 1936 Mrs. P.H. Wailes  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1936

22. I HEREBY CERTIFY That I attended deceased from June 16, 1936 to June 24, 1936  
I last saw her alive on June 27, 1936 Death is said to have occurred on the date stated above, at 8 P.M.

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

Coronary Sclerosis with history of several years duration  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: WB

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis None 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) J. A. Lamm, M. D.  
(Address) Shelbina, Mo.

