

NOV 22 1936

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

Do not use this space.

37039

1. PLACE OF DEATH

County Osage Registration District No. 164 File No. 120
Township Butler Primary Registration District No. 5229 Registered No. _____
City Geneva (No. _____) St. _____ Ward _____

2. FULL NAME

Virginia Ann Patterson

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. C. Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 28

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

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) Osage Co, Mo

13. NAME J. A. Adams

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

15. MAIDEN NAME Anna Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County, Mo

17. INFORMANT (ADDRESS) R. C. Patterson

18. BURIAL, CREMATION, OR REMOVAL PLACE Virgil City, Mo DATE 10-25-36

19. UNDERTAKER (ADDRESS) P. P. Long, Geneva, Mo

20. FILED Oct 24, 1936 Mrs. Mary Harburn Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:45 AM.

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

Paralysis,
Heart Disease

Other contributory causes of importance:

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) Mrs. Mary Harburn, Reg. D.
(Address) Geneva, Mo

N. B.—Every item of information should be carefully reported, and the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

