

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.

DEC 28 1936

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

Do not use this space.

40539

1. PLACE OF DEATH

County Callaway  
Township Liberty  
City Callaway

Registration District No. 109  
Primary Registration District No. 5168

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

2. FULL NAME

Laura Elizabeth 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 X 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
87 | 2 | 0

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

MOTHER FATHER  
13. NAME W. H. McRaney

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

15. MAIDEN NAME W. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT W. M. Patterson  
(ADDRESS) Deceased, no

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Westminster Cemetery DATE Nov 16 1936

19. UNDERTAKER Geo. J. Wallace  
(ADDRESS) Fulton, Mo.

20. FILED Nov 17 1936 A. B. Nichols  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/15/ 36, 19, .

22. I HEREBY CERTIFY, That I attended deceased from March. 17th, 1936 to Nov. 13th, 1936  
I last saw her alive on 11/13/36, 19. Death is said to have occurred on the date stated above, at 1/P.M.

The principal cause of death and related causes of importance were as follows:  
Caediac insufficiency, following prolapsus uteri, complete for 10 years.

Other contributory causes of importance:  
Chronic bronchitis, senility. Constipation marked. starvation. (4 weeks).

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? S.P.E. Was there an autopsy? No

23. If death was due to external cause (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) Greene & Maday e Call M. D.  
(Address) Fulton Mo.

APR 27 1849

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