

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

Do not use this space.

DEC 20 1936

41491

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township K6 m Primary Registration District No. 1002 Registered No. 5173  
 City \_\_\_\_\_ (No. St. Luke Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thomas V. Patterson  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Gardner, Mo.  
 (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>M</u>	4. COLOR OR RACE <u>W</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>Amanda Patterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 21-1857</u>		
7. AGE <u>79</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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) <u>England</u>		
FATHER	13. NAME <u>Henry Patterson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Mary Bister</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>A. S. Preece, M.D., Gardner, Kans.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gardner, Kans.</u> DATE <u>11-30</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Cross</u>		
20. FILED <u>Nov. 29, 1936 M. M. Cron</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1936, to Nov. 29, 1936.  
 Last saw him alive on Nov. 29, 1936. Death is said to have occurred on the date stated above, at 10:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Langrene Gallbladder Date of onset Nov. 26, 1936

Other contributory causes of importance:  
Coronary Thrombosis 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) A. S. Preece, M. D.  
 (Address) Gardner, Kans.

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.

