

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

Do not use this space.

FEB 27 1937

984

1. PLACE OF DEATH

County Brunswick Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 2001) Ramsey 7th St. _____ Ward _____

File No. _____
 Registered No. 0020

2. FULL NAME

(a) Residence, No. 2001 Ramsey St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary F. Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
✓	<u>79</u>	<u>11</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 2nd

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar, Mo.

13. NAME S. P. Patterson 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson Springs Mo.

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) C. H. Patterson
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bolivar, Mo. DATE Jan. 29, 1937

19. UNDERTAKER (ADDRESS) C. H. Patterson
Springfield, Mo.

20. FILED Jan 28 1937 Chas. A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 18, 1937 to Jan 27, 1937

I last saw him alive on Jan 26, 1937 Death is said to have occurred on the date stated above, at 2nd A. M.

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

Coronary Occlusion

Date of onset

1/27/37

Other contributory causes of importance:

Senility
myocarditis from coronary occlusion
5/36

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? If so, specify _____

(Signed) R. Ned White, M. D.

(Address) Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be extremely supplied. Age should be stated EXACTLY. PHYSICIANS should state

