FEB 17 1937

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

Do not use this space.

2002

1. PLACE OF DEATH

County Lafayette — Registration District No. 461 — File No. 12

Township ~~Lexington~~ — Primary Registration District No. 3024 — Registered No.

City Lexington (No. , St. Ward)

2. FULL NAME George Patterson

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1853

7. AGE: YEARS 83 — MONTHS 10 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner 262

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) New Castle, England

FATHER

13. NAME John Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Castle, England

MOTHER

15. MAIDEN NAME Elizabeth Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Castle, England

17. INFORMANT (ADDRESS) Mrs. John T. Bell Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE Jan. 31, 1937

19. UNDERTAKER (ADDRESS) Winkler, Lexington, Mo.

20. FILED Jan 31 1937 Faye B Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1937, to One Call, 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

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

Shock from fall. — Date of onset

Other contributory causes of importance:

Arteriosclerosis Cerebral Softening

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) [signature], M. D.

(Address) Lexington Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.