

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 12 Cen 1 loop)

Registration District No. 397
Primary Registration District No. 1002

File No. 6605
Registered No. 1002
St. 12 Cen 1 loop Ward

2. FULL NAME

E. A. Patterson

(a) Residence, No. 2833 Forest Ward.

Length of residence in city or town where death occurred 15 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 m 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 6 21

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

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) Lawrence, Mo

13. NAME Gasper Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Mo

15. MAIDEN NAME McGehee

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

17. INFORMANT (ADDRESS) De w a Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE 6 Mt. Ashby DATE 7-25 1937

19. UNDERTAKER (ADDRESS) Guth + Robinson

20. FILED 7-24 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-4 1937 to 2-21 1937

I last saw him alive on 2-21 1937 Death is said

to have occurred on the date stated above, at 12:00 PM

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

hebar Pneumonia Date of onset 108

Other contributory causes of importance: Rheumatic Heart Disease with Mitral Stenosis

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) P. A. De Maria, M. D. (Address) 12 Cen 1 loop

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

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