

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township Rockland
City Sikeston (No.)

Registration District No. 821
Primary Registration District No. 4553

File No. 13772
Registered No.
St. Ward)

2. FULL NAME

Mary Jane Patterson
(a) Residence, No. Warrio St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 24

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

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) Mason County Tenn.

13. NAME John Plymer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason County Tenn.

15. MAIDEN NAME Bertha Maddox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason County Tenn.

17. INFORMANT (ADDRESS) Ruth Adams Sikeston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marley Mo. DATE May 12th 1937

19. UNDERTAKER (ADDRESS) John Albritton Sikeston Mo.

20. FILED 4-6 1937 C. W. H. Small Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 19, to May 11, 19

I last saw him alive on May 10, 1937 Death is said to have occurred on the date stated above, at 2:00 m.

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

Supra-ventricular Branch of Myocardium
arteriosclerosis
obstructive

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis clinical. 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 Edward M. Rudy, M. D.

(Signed) Sikeston Mo
(Address) Sikeston Mo

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.

