APR 29 1937

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

Do not use this space.

File No. 14011

Registered No. 9

1. PLACE OF DEATH

County: Wayne

Township: Williams

City: Williamsville (No. ..... St. ..... Ward)

Registration District No. 892

Primary Registration District No. 4341

2. FULL NAME: Elizabeth Patterson

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

Length of residence in city or town where death occurred: 24 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

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: Robert Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 11, 1859

7. AGE: Years 77 Months 10 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): June 1935

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greasy Ridge Ohio

FATHER

13. NAME: Eric A. Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ironton Ohio

MOTHER

15. MAIDEN NAME: Jane Leach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Reelfoot Tenn.

17. INFORMANT (ADDRESS): Josephine Patterson Williamsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Holladay Cem DATE: Mar. 8, 1937

19. UNDERTAKER (ADDRESS): None

20. FILED: Mar. 7, 1937 Mrs. Hattie McGee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1937, to March 7, 1937

I last saw h.. alive on March 7, 1937. Death is said to have occurred on the date stated above, at 12:30 P.m.

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

	Date of onset
1a Apoplexy	3/2/37
Other contributory causes of importance: Lobar Pneumonia	2/16/37

Name of operation: — Date of .....

What test confirmed diagnosis? no 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? no

If so, specify .....

(Signed) H. D. Davis, M. D.

(Address) Williamsville, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD