

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lewis  
Township  
City Canton (No. , Ward)

Registration District No. 477  
Primary Registration District No. 4286

File No. 16831

Registered No. 83

2. FULL NAME Ella Durkee Patterson

(a) Residence, No. 716 Washington St., St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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 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 Elija Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
34 72 9 12

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.

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) Canton Missouri

13. NAME Henry Durkee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crabtree Kentucky

15. MAIDEN NAME Harriett Owsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crabtree Kentucky

17. INFORMANT Miss Ella Jones  
(ADDRESS) Canton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Canton, Missouri DATE Apr. 4, 1937

19. UNDERTAKER Earl H. Barkley  
(ADDRESS) Canton Missouri

20. FILED Apr. 5, 1937 H. W. Harris  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1937, to 4-3, 1937.

I last saw him alive on 4-2, 1937. Death is said to have occurred on the date stated above, at 2 a.m.

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

Pulmonary Tuberculosis Date of onset 1-24-37

Other contributory causes of importance:

Cardiac insufficiency

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? no 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) Earl H. Barkley M.D.

(Address) Canton, Mo.

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

OCCUPATION  
MOTHER  
FATHER

