MAY 27 1937

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

Do not use this space.

File No. 16872

Registered No.

1. PLACE OF DEATH
County: Linn
Township: Parson Creek
City: Meadville (No. ..... St. ..... Ward)
Registration District No. 303
Primary Registration District No. 4306

2. FULL NAME: Cecil Anderson Patterson Jr.

(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. 3 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 31 - 1937

7. AGE: Years | Months | Days: 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Radio Repair Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Father
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): Meadville Missouri

FATHER
13. NAME: C. A. Patterson Jr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laredo Missouri

MOTHER
15. MAIDEN NAME: Ruth McCart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sumner Missouri

17. INFORMANT (ADDRESS): C. A. Patterson Meadville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Meadville Mo DATE: April 4 1937

19. UNDERTAKER (ADDRESS): Smiley Funeral Home Meadville Mo.

20. FILED: 4-4, 1937 E. F. Wear
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937, to April 4, 1937
I last saw him alive on April 4, 1937. Death is said to have occurred on the date stated above, at 1:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Born without Rectum	
157 8	

Other contributory causes of importance: Peritonitis

Name of operation: Colostomy Date of: 4-4-37
What test confirmed diagnosis? Clinical Was there an autopsy? No

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: 4 ds. Declared Dead
(Signed) E. F. Wear, M. D.
(Address) Meadville Mo

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