

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

Do not use this space.

JUN 2 1937

20105

1. PLACE OF DEATH *Greene*  
County *Greene* Registration District No. *318*  
Township *Springfield* Primary Registration District No. *5439 (R#4)* File No. *027*  
City *Springfield* (No. *Hutchison Ave*) Registered No. *027* St. *2* Ward) *1*  
2. FULL NAME *Sarah A. Patterson*  
(a) Residence, No. *Hutchison Ave R#4* Ward. *1*  
(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) *single*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 1-1845*  
7. AGE YEARS *91* MONTHS *7* DAYS *17* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *In home*  
10. Date deceased last worked at this occupation (month and year) *1937* 11. Total time (years) spent in this occupation *1937*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 18* 19*37*  
22. I HEREBY CERTIFY, That I attended deceased from *June 15* 19*30* to *May 15* 19*37*  
I first saw him alive on *Jan 2* 19*37* Death is said to have occurred on the date stated above, at *10 P.* m.  
The principal cause of death and related causes of importance were as follows:

*Atherosclerosis*  
*MI*  
Other contributory causes of importance: *Myocardial failure*  
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 *Robert E. Lyon*, M. D.  
(Signed) *Springfield*  
(Address) *Springfield*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa.*  
13. NAME *Mrs. Patterson*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*  
15. MAIDEN NAME *Henrietta Rebecca Welschantz*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*  
17. INFORMANT *Mrs. Lorraine Perraine*  
(ADDRESS) *Springfield Mo. R#4*  
18. BURIAL, CREMATION, OR REMOVAL *Springfield Mo. May 22 1937*  
PLACE *St. Joseph's* DATE *May 22* 19*37*  
19. UNDERTAKER *J.W. Languette & Co.*  
(ADDRESS) *Springfield Mo.*  
20. FILED *May 21 1937* *Charles A. George*  
Registrar.

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

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