

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

Do not use this space.

JUN 28 1937

1. PLACE OF DEATH

94 County St. Francois
Township Beauregard
City Cantwell (No. _____)

Registration District No. 779
Primary Registration District No. 6024A

File No. 21223
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James I. Patterson
(a) Residence No. Cantwell St. _____ Ward 7
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old age Pension
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) Missouri

MOTHER 13. NAME Ellie Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Easter Bullin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Irene Patterson (ADDRESS) Cantwell Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Littlevine DATE May 23, 1937

19. UNDERTAKER C. J. Bayer (ADDRESS) Deerfield Missouri

20. FILED 6-9 1937 W. B. Hunkeworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 21 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-11 1937, to 5-21 1937

I last saw him alive on 5-19 1937 Death is said

to have occurred on the date stated above, at 3:20 a.m.

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

Myocarditis sublethal reorganization Date of onset unk

Other contributory causes of importance: arteriosclerosis general senile psychosis

Name of operation none Date of _____
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 _____

(Signed) Harold G. Goble, M. D.
(Address) Dr. Goble

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.

