SEP 20 1937

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

Do not use this space.

File No. 30933

Registered No. 21

1. PLACE OF DEATH
County Jasper
Township Preston
City Jasper (No. ..... St. ..... Ward)

Registration District No. 490
Primary Registration District No. 4243

2. FULL NAME Charles Richard 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26. 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	5	10	

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Harden Co.
(STATE OR COUNTRY) Kentucky

FATHER

13. NAME Samuel Pattelson

14. BIRTHPLACE (CITY OR TOWN) Harden Co
(STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Naomi Roberts

16. BIRTHPLACE (CITY OR TOWN) Harden Co
(STATE OR COUNTRY) Kentucky

17. INFORMANT N. H. Patterson
(ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Sept 8 1937

19. UNDERTAKER Foster Bros
(ADDRESS) Jasper Mo

20. FILED Sept 7 1937 J. E. Hook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/24 1937 to 9/6 1937
I last saw h. alive on 9/5 1937. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

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? No
If so, specify .....

(Signed) V. H. Heidlauf M. D.
(Address) Jasper 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.