NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gentry Registration District No. 312 File No. 37639

Township Jackson Primary Registration District No. 4188 Registered No.

City King City Mo. (No. , St. Ward)

2. FULL NAME Laura Patterson

(a) Residence, No. King City Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred All yrs. of life 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5. 1859.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
30	78	0	24	

OCCUPATION

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

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) 1934.

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Nephie Sweat

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

MOTHER

15. MAIDEN NAME Adeline Walker.

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

17. INFORMANT Mrs. G. W. Miller.
(ADDRESS) King City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE King City Mo. DATE Oct. 29. 1937.

19. UNDERTAKER R. G. Taggart.
(ADDRESS) King City Mo.

20. FILED Oct. 27. 1937 Donald D. Gantt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27. 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937, to Oct 27, 1937

I last saw him alive on Oct 26, 1937. Death is said to have occurred on the date stated above, at 3:15P m.

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

	Date of onset
Cancer of colon	?

Other contributory causes of importance:

None	

Name of operation Colotomy Date of 1936 ?

What test confirmed diagnosis? Laboratory 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? no

If so, specify

(Signed) Mark A. Ford, M. D.

(Address) King City Mo.

N.B.—Every item of information should be carefully supplied. Prefixes should be added where applicable. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.