

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.

NOV 17 1937

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

Dr. C. B. Alkew
 37659
 File No. 973
 Registered No. 973

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield, Mo., 626 S. Missouri St. _____ (Ward)

2. FULL NAME

(a) Residence, No. 626 S. Missouri 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stanley S. Patterson (Dec)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18-1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 19

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7-1937
 22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1937, to Oct 7, 1937
 I last saw him alive on Oct 7, 1937. Death is said to have occurred on the date stated above, at 2:15 p.m.
 The principal cause of death and other causes of importance were as follows:
Coronary thrombosis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) _____
 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Had several light attacks of Angina Pectoris during past 2 yrs

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

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Wm. P. Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Elizabeth Horn

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

17. INFORMANT J. S. Patterson (son)
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dodson Cem. DATE Oct. 10 1937

19. UNDERTAKER Wm. A. Johnson
 (ADDRESS) Springfield, Mo.

20. FILED Oct 10 1937 Chas. H. Morgan Registrar

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) C. B. Alkew, M. D.
 (Address) 318 1/2 College

