

REC'D MAR 20 1938

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

7337
Do not use this space.

1. PLACE OF DEATH
 (a) County Mc Donald Registration District No. 1079
 (b) Township Mountain Primary Registration District No. 5695 Registered No. _____
 (c) City Jacklet (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Lenard Henderson Patterson 362
 (a) Residence, No. Same St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zula Ellis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 26

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1938, to Feb. 11 1938
 I last saw him alive on Feb. 9 1938. Death is said to have occurred on the date stated above, at 11:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Atherosclerotic Cardio Vascula Disease 1937
95 B 2

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Ark
 13. NAME H. H. Patterson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Ark
 15. MAIDEN NAME Dora Rich
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Ark
 17. INFORMANT Mrs Zula Patterson (ADDRESS) Garfield, Ark.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bethan Chap. Cem DATE 2/12 1938
 19. FUNERAL DIRECTOR (NAME) Miller General Serv (ADDRESS) Pea Ridge, Ark.
 20. FILED Apr 28 1938 Shoogins Camp Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) W. Edwards, M. D.
 (Address) Rogers, Ark.

N. B.—Every item of information should be carefully supplied. ~~any~~ 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

CCIBV1027 P. 10/11/11 001

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7337
Do not use this space.

1. PLACE OF DEATH

(a) County McDonald Registration District No. 1085
 (b) Township Mountain Primary Registration District No. 5695- Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leonard Henderson Patterson

(a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 to Feb 11, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 1870

I last saw him alive on Feb 9, 1938. Death is said to have occurred on the day stated above, at 1:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 11 26

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

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

arteriosclerotic Cardiac valvular disease Date of onset 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Ark

Other contributory causes of importance:

FATHER 13. NAME W. H. Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Ark

Name of operation _____ Date of _____

MOTHER 15. MAIDEN NAME Dora Reed

What test confirmed diagnosis? _____ Was there an autopsy? _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Ark

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS) Mrs Zula Patterson Chapels Ark.

Accident, suicide, or homicide? _____ Date of injury _____, 1938

18. BURIAL, CREMATION, OR REMOVAL PLACE Antian Chap DATE 2/12 1938

Where did injury occur? _____ (Specify city or town, county, and State)

19. FUNERAL DIRECTOR (ADDRESS) Miller Funeral Service
Pear Ridge Ark

Specify whether injury occurred in industry, in home, or in public place.

20. FILED Apr 28, 1938 George C. Cassid Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) W. C. Edwards, M. D.
(Address) Rogers Ark.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-7337