REC'D APR 8 1938

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

Do not use this space.

1. PLACE OF DEATH

46 County Howell — Registration District No. 385 — File No. 10939

Township — Primary Registration District No. 4228 — Registered No.

4 City Willow Springs, Mo. (No. , St. Ward)

2. FULL NAME Charles Parker Patterson. 362

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

Length of residence in city or town where death occurred 24 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3d. 1868

7. AGE: YEARS 70 — MONTHS 10 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St James. Missouri

FATHER

13. NAME: Frank Patterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St James. Missouri

MOTHER

15. MAIDEN NAME: Julia Foley.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St James. Missouri

17. INFORMANT (ADDRESS): Geo. F. Patterson, Willow Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 3/25/ 1938

19. UNDERTAKER (ADDRESS): T. R. Burns & Son, Willow Springs, Mo.

20. FILED 3/24 1938 Nanette Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-23- 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-17- 1938, to 3-24- 1938
I last saw him alive on 3-22- 1938 Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	3-21-38
94 P	
Other contributory causes of importance: Bronchial Asthma	1918

Name of operation — 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? No
If so, specify
(Signed) C. F. Callihan, M. D.
345 (Address) Willow Springs, 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.