

REC'D SEP 23 1938

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

29083
Do not use this space.

1. PLACE OF DEATH

(a) County Dowell Registration District No. 386
(b) Township Benton Primary Registration District No. 553
(c) City Abbeville (d) Street No. _____ Registered No. _____
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Natie Katterson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1873
7. AGE YEARS 64 MONTHS _____ DAY _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Operator
9. Industry or business in which work was done, as saw mill, bank, etc. Operator
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)

Warby, Mo

FATHER

13. NAME Wm Katterson

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

Tennessee

MOTHER

15. MAIDEN NAME Jane Farley

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

W. G. Katterson

17. INFORMANT (ADDRESS)

W. G. Katterson

18. BURIAL, CREMATION, OR REMOVAL

PLACE W. G. Katterson DATE 8/14-38

19. FUNERAL DIRECTOR (ADDRESS)

Robert

20. FILED

19 _____ Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17-1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to Aug 17, 1938

I last saw him alive on Aug 17, 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.

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

Tuberculous meningitis Date of onset Aug 9

22 h

Other contributory causes of importance: Pulmonary Tuberculosis 1908

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? yes

If so, specify E. Rose Power, M. D.

(Signed) W. G. Katterson (Address) West Plains, Mo

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STATEMENT BY LICENSED EMBALMER

I, D. D. Robinson, Licensed Embalmer No. 2432

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed D. D. Robinson

Licensed Embalmer No. 3432

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29063

Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 386
(b) Township Benton Primary Registration District No. 5338
(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.

Registered No. 10

2. PRINT FULL NAME

Alfred Newton Patterson
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

22. I HEREBY CERTIFY, That I attended deceased from, 19.. to, 19..

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1893

I last saw h..... alive on, 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day,, hrs. or, min.
64 9 4

to have occurred on the date stated above, at, m.

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.....
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.....

Date of onset

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

Other contributory causes of importance:

13. NAME

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

Name of operation..... Date of.....

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

15. MAIDEN NAME

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

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.

17. INFORMANT (ADDRESS).....

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE....., 19..

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

If so, specify.....

(Signed) E. Ross Bahrer, M. D.

(Address) West Plains Missouri

19. FUNERAL DIRECTOR (ADDRESS).....

20. FILED 10-24 1934 Fannie B. Black Local Registrar.

SUPPLEMENTARY

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

