

REC'D NOV 3 1938

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

Do not use this space.

35510

1. PLACE OF DEATH

County Crawford
Township Benton
City Leasburg R.F.D.

Registration District No. 230
Primary Registration District No. 5312

File No.
Registered No.
St. Ward)

2. FULL NAME Ida Patterger

(a) Residence, No. St., 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

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>J. C. Patterger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-21-1867</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>3</u>	DAYS <u>27</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) Blair Neb.
(STATE OR COUNTRY)

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. C. Patterger
(ADDRESS) Leasburg R.F.D.

18. BURIAL, CREMATION OR REMOVAL
PLACE Lowrey Cemetery DATE 9-19-38

19. UNDERTAKER Edith Edging
(ADDRESS) Bowling

20. FILED Oct 5 1938 G. G. A. Ferguson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1938 to Sept 18, 1938
I last saw her alive on Sept 15, 1938 Death is said to have occurred on the date stated above, at 7:15 A.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Uterus.

Other contributory causes of importance: None
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Guillermo J. P. Ferguson M. D.
C. C. Ferguson

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.

3-21

7/4m