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.

REC'D JAN 23 1939

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

Do not use this space.

1. PLACE OF DEATH
County: McDonald 2
Township: Anderson 1
City: (No. , St. Ward)

Registration District No. 518
Primary Registration District No. 5688

File No. 43707
Registered No.

2. FULL NAME: William N. R. Patter

(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: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF~~ Lorita Patter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28-1862

7. AGE: YEARS 76 | MONTHS 3 | DAYS 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Indiana 1

FATHER
13. NAME: — Patter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known

MOTHER
15. MAIDEN NAME: not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known

17. INFORMANT (ADDRESS): W N Patter Jr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Anderson Mo DATE: Oct 24 1938

19. UNDERTAKER (ADDRESS): Geo Tatum Mer Co Anderson Mo

20. FILED: Dec 28 1934 Mrs Lee Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 20, 1938

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

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
Found dead on Oct. 20/1938

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

	Date of onset
Gastric Hemorrhage	
Had Stomach Trouble	1928

1170

Other contributory causes of importance:
Possibly Gastric Ulcer

Name of operation: None Date of
What test confirmed diagnosis? None 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) S. B. Buck, M. D.
(Address) Anderson, Mo.