

REC'D FEB 20 1939

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

<p>1073 Do not use this space.</p>

1. PLACE OF DEATH

(a) County Jackson | Registration District No. 399

(b) Township Kaw | Primary Registration District No. 1002 Registered No. 86

(c) City Kansas City (d) Street No. 2843 Troost Avenue St.

(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 325 Mrs. Mattie H. Pattison

(a) Residence, No. 2843 Troost Avenue 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 11 1842</u>		
7. AGE YEARS <u>96</u>	MONTHS <u>3</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>		
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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
13. NAME <u>Don't Know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>		
15. MAIDEN NAME <u>Don't Know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>		
17. INFORMANT <u>W. L. Pattison</u> (ADDRESS) <u>644 Huntington Road</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Abilene, Kansas</u> DATE <u>1-8-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Freeman Mortuary</u> <u>Kansas City, Missouri</u>		
20. FILED <u>Jan 8, 1939</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1939 to Oct 1936
 I last saw him alive on Oct 29, 1936. Death is said to have occurred on the date stated above, at.....m.
 The principal cause of death and related causes of importance were as follows:
Senility
936

Other contributory causes of importance:
Myocarditis, Chronic
Oct 1936

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify.....
 (Signed) W. F. M. G. ... M. D.
 (Address) Med. Dept. Bldg.
Indy's W. Co.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY as furnished by cemetery supplier. AGE should be stated EXACTLY.

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,

Elmer C. Redden

or by

Registered Apprentice No., working under my personal supervision.

Signed

Elmer C. Redden

Licensed Embalmer No.

8495

P. O. Address

Kansas City

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.