

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

Do not use this space.

36559 *Patterson Smith*  
File No. \_\_\_\_\_  
Registered No. *776*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County *Greene*  
Township \_\_\_\_\_  
City *Springfield*

Registration District No. *318*  
Primary Registration District No. *2004*  
No. *614 S. Fremont*

**2. FULL NAME**

(a) Residence. No. *614 S. Fremont* St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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 *m* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jane Underwood*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 12 - 1865*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>62</i>	<i>2</i>	<i>7</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *artist*  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) *Ohio*  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Hugh Underwood*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ohio*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Caroline Rogers*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ohio*  
(STATE OR COUNTRY)

14. INFORMANT *Mrs. Jane Underwood*  
(Address) *Springfield Mo.*

15. *12/20/27* FILED *Althorst* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12/19 1927*

17. I HEREBY CERTIFY That I attended deceased from *Dec. 9<sup>th</sup> 1927* to *Dec. 19<sup>th</sup> 1927* that I last saw him alive on *Dec. 19<sup>th</sup> 1927*, and that death occurred, on the date stated above, at *10:48 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Pneumonia  
Lobar*

CONTRIBUTORY (SECONDARY) *Influenza*

18. WHERE WAS DISEASE CONTACTED *1118*

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? *no* DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Chemical*

(Signed) *M. Patterson*, M. D.

*12/20, 1927* (Address) *Springfield, Mo.*

\*State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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

*Calhoun Mo* *12/22 1927*

20. UNDERTAKER *Alma Schreyer* ADDRESS *504 St Louis*

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.

