

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

Do not use this space.

5902

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Cantwell

Registration District No. 779
Primary Registration District No. 6024 A.

File No.
Registered No.
St. Ward

2. FULL NAME

Betty May Patterson

(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cantwell Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Carl Patterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Francois Co. Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Myrtle M. Bingham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Desloge Mo.
(STATE OR COUNTRY)

14. INFORMANT Carl Patterson
(Address) Cantwell Mo

15. FILED 2-7-32 R.B. Lester
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 - 1932

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, about 5:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute edema of lungs

11A
11B
(duration) yrs. mos. ds. 3 mo.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (5)

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R.B. Lester Coroner, M. D.

(Address) Desloge Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maesin Chapel DATE OF BURIAL Feb. 8 1932

20. UNDERTAKER C. J. Boyer ADDRESS Desloge Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 23 1932

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