

APR 1 2 1935

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

Do not use this space.

1. PLACE OF DEATH

County Duchesne Registration District No. 85
Township 1st in North Star Primary Registration District No. 1001
City St. Joseph, Mo. North Star St. _____ Ward _____

File No. 8198
Registered No. 372

2. FULL NAME

(a) Residence, No. Shawatha St. _____ Ward _____
(Usual place of abode) Nimwatha, Mo.
(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Emma Patterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 5 1856</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>
	DAYS <u>25</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>Farming</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>at home</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brown County Kansas</u>		
FATHER	13. NAME <u>Green Patterson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Fannie Copeland</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
17. INFORMANT (ADDRESS) <u>David Patterson St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shawatha</u> DATE <u>Apr. 1 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Gargis Funeral Home St. Joseph, Mo.</u>		
20. FILED <u>3-30-35</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1935

22. I HEREBY CERTIFY That I attended deceased from March 22 1935 to March 30 1935
I last saw him alive on March 30 1935. Death is said to have occurred on the date stated above, at 7 P. M.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset Mar 27/35

Other contributory causes of importance:
Debris Miltari 1470
Acute Right foot Apr 15/35

Name of operation Amputation Date of Mar 27/35
What test confirmed diagnosis? Culture 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) Clarence A. Gurd M. D.
(Address) St. Joseph, 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.

29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1