22 1928

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

Do not use this space.
34430

1. PLACE OF DEATH
County Pike
Township Union
City Booth
Registration District No. 684
Primary Registration District No. 5912
File No.
Registered No. 40
(No. ..... St. ..... Ward)

2. FULL NAME Benjamin F 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 Male
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 Nancy Patterson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11-1842
7. AGE Years 86 Months 10 Days 18 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Lincoln Co.
(STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Joseph Patterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER X Lyles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky
14. INFORMANT Mrs J. A. Jameson
(Address)
15. FILED 11/10, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29th 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1928, to Oct 29, 1928, that I last saw him alive on Oct 24, 1928, and that death occurred, on the date stated above, at 5:15 P.m. 28
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza Complicated with Bronchial Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D
, 19 (Address) Bowling Green 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 Eolia Cemetery
DATE OF BURIAL 10-30 1928
20. UNDERTAKER Grace Bonkhead
ADDRESS Bowling Green 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.