27 1928

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

Do not use this space.

36682

1. PLACE OF DEATH
County Grundy — Registration District No. 330 — File No.
Township Trenton, Mo — Primary Registration District No. 3017 — Registered No.
City Trenton, Mo (No. ..... St. ..... Ward)

2. FULL NAME Wm Edward Patterson
(a) Residence. No. Main 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Mary Patterson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 19 Dec 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	11	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER David Patterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mansfield
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Margaret C. Reeder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Mary C. Patterson
(Address) Trenton, Mo

15. FILED Nov 30, 1928 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1928, to Nov 27, 1928, that I last saw him alive on Nov 27, 1928, and that death occurred, on the date stated above, at 11.25 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Meningitis
Strap infection
798
36
710
(duration) ..... yrs. ..... mos. 2 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J P Wright, M. D
Nov 30, 1928 (Address) Trenton 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: Masonic
DATE OF BURIAL: 11-30 1928

20. UNDERTAKER: L. Rex Duke
ADDRESS: Trenton, 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.