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

Do not use this space.
9069

File No. 1496
Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City No. 4327 Virginia St. Ward)
Registration District No. 899
Primary Registration District No. 8002

2. FULL NAME John H. Patterson
(a) Residence. No. 4327 Virginia St., 15 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: M.
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1880

7. AGE: YEARS 49 MONTHS 3 DAYS 4. If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER Jno. H. Patterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Nancy (Unk)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

14. INFORMANT Lillie Patterson
(Address) 4327 Virginia

15. FILED 4/5, 1930 M. M. Crowe REGISTRAR
ass't

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/29 1930.

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1929, to March 29th, 1930 that I last saw him alive on March 28th, 1930, and that death occurred, on the date stated above, at 8:13 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis — Pneumonia —
131
93D
107A (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
Myocarditis (duration) yrs. 3 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 129A
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chemical Tests
(Signed) [illegible], M. D.
4/5, 1930 (Address) 2544 Olive St.

*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: Highland Cem.
DATE OF BURIAL: Apr 5, 1930.

20. UNDERTAKER: Watkins Bros.
ADDRESS: 1729 Lydia

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

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.

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E. Von Quast, 2544 Olive.