

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

Do not use this space.

9423

1. PLACE OF DEATH

73 County Newton
2 Township
10 City Granby (No. _____ St. _____ Ward _____)

Registration District No. 414
Primary Registration District No. 4555

File No. 22
Registered No. 22

2. FULL NAME

Robert Alexander Gatterman 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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Lacy Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-25-1880</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>11</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Oil Refinery 176</u>		IF LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Granby - Mo. 1</u>		
13. NAME <u>William Gatterman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala - 2</u>		
15. MAIDEN NAME <u>M. J. Farley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Granby Mo. 1</u>		
17. INFORMANT (ADDRESS) <u>Mrs. R. A. Gatterman Granby Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Granby</u> DATE <u>Mar 24 1932</u>		
19. UNDERTAKER (ADDRESS) <u>James Kaufman Granby Mo.</u>		
20. FILED <u>2-23-1932</u> <u>D. M. F. Belino</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-23 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1931, to Mar 23 1932
I last saw him alive on Mar 20 1932 Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 23A

Other contributory causes of importance: (1)

9. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. W. Langley, M. D.
(Address) Box 246 Granby Mo.

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.

APR 8 1932

