

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

Do not use this space.

5349

1. PLACE OF DEATH

County Greene
Township Boone
City Wab. Grov. Mo. (No. _____ St. _____ Ward _____)

Registration District No. 916 4191
Primary Registration District No. 5436

File No. _____
Registered No. 4

2. FULL NAME Joseph Nelson Patterson

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence G Holman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 20 - 1856</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>5</u>
		DAYS
		<u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>James & Carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Deade Co Mo
(STATE OR COUNTRY)

13. NAME William Patterson

14. BIRTHPLACE (CITY OR TOWN) Deade County Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Cottner

16. BIRTHPLACE (CITY OR TOWN) Deade Co Missouri
(STATE OR COUNTRY)

17. INFORMANT Miss Betty Deavis Ash Grove Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cemetery DATE Feb 4 1933

19. UNDERTAKER Prim Funeral Home Walnut Grove Mo
(ADDRESS)

20. FILED 9/6 1933 Dr Charles H. Orr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1933 to Feb 3 1933. I last saw him alive on Feb 2 1933. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Bilateral
1933

Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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) Chas H McHaffie M. D.

(Address) ash Grove 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.

