

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

Do not use this space.

19626

2332

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Raw Primary Registration District No. _____
 City H. C. Mo (No. St Joseph Hospital) Ward _____

2. FULL NAME

(a) Residence, No. 1441 So. Ballwin 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. da.

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 Lodena Patter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 29 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 59 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. E. M. & M. P. R. Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

13. NAME Adam Patter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Nancy Cavitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Lodena Patter (ADDRESS) 441 So. Ballwin

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 6-3-33

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 18 Colburn St. W. B.

20. FILED 6-3 1933 M. M. Coyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27 1933, to June 1 1933, 1933

I last saw him alive on June 1 1933, 1933 Death is said to have occurred on the date stated above, at 11:00 AM

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

Carcinoma of the Caecum

Other contributory causes of importance: 4600
Peritonitis

Coronary thrombosis + myocardial fibrosis (fibro-sclerosis)

Name of operation Resection of Caecum Date of May 27-33
 What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1933
 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) Vincent Williams, M. D.

(Address) 736 Argyle Bldg. Home

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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2222

V. J. Williams
Argyle Blvd Va 9581

Leave at dusk 6:PM -

At Joe Harp -
or will sign at ↑