

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.

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

Do not use this space.

JAN 8 1935

1. PLACE OF DEATH
 County Jackson Registration District No. 390
 Township Kaw Primary Registration District No. 1
 City Kansas City (No. 318 North White Ave) (Ward 2)
 St. _____ Ward _____

2. FULL NAME Susie J. Patterson
 (a) Residence, No. 318 North White Ave St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 43139
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Roscoe C. Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
 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) Missouri

FATHER
 13. NAME F. E. Barnette
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Mary E. Keith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington

17. INFORMANT Roscoe C. Patterson
 (ADDRESS) 318 North White Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE Dec. 24, 1934

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel
104 West 42nd Street.

20. FILED 12-24-34 M. M. Craive Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933 to Dec 21, 1934
 I last saw her alive on Dec 21, 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Gastric hemorrhage (Cause unknown) Date of onset _____
Splenic anemia
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) J. J. Davis M.D.
 (Address) 1010 Professional Bldg

Dr. J. J. Davis

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H. C. Southern

11th St. Nashville

Room 800

11 A.M.