

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.

FEB 17 1936

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

Do not use this space.

295

1. PLACE OF DEATH

County Buchanan

Registration District No. 87

File No. 295

Township

Primary Registration District No.

Registered No. 94

City S51 Joseph

(No. 1513 So 10

St. Ward

2. FULL NAME Julia Patterson

(a) Residence, No. 1513 So 10

St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
74 11 22

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Elwood, Kas  
(STATE OR COUNTRY)

FATHER  
13. NAME Geo Stephens

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

MOTHER  
15. MAIDEN NAME Mary Eleringer

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

17. INFORMANT Mrs Chas Sommers  
(ADDRESS) 1511 So 10

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivett DATE Jan 27 1936

19. UNDERTAKER Barry Wylie  
(ADDRESS) 218 So 10

20. FILED 1-25 1936 John K. Budek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1935, to Jan 23 1936

I last saw her alive on Jan 23 1936. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Chronic endocarditis 2/8/35  
Other contributory causes of importance:  
Date of onset

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. J. Owens, M. D.

(Address) Ballinger Bldg.

1 column