

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

Do not use this space.

JAN 9 1937

**1. PLACE OF DEATH**

County St. Louis  
Township Polk  
City Union Star, Mo. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 262  
Primary Registration District No. 4161

File No. 44257  
Registered No. \_\_\_\_\_

**2. FULL NAME** Abigail Louise Patterson

(a) Residence, No. Union Star, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 17, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John G. Patterson

22. I HEREBY CERTIFY, That I attended deceased from usual 1936, December 17, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1868

I last saw her alive on December 17, 1936 Death is said to have occurred on the date stated above, at 5:30 p.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 68 1 21

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

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

Chronic myositis

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) March 1936

11. Total time (years) spent in this occupation

131  
Other contributory causes of importance:  
Chronic glomerular nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Mo.

13. NAME James Brooks

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chinid Was there an autopsy? no

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

15. MAIDEN NAME Abigail Butler

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT L. Verne Patterson  
(ADDRESS) Union Star, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Union Star DATE Dec. 20, 1936

19. UNDERTAKER Lucile M. Wilson  
(ADDRESS) Union Star, Mo.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

20. FILED 12-18, 1936 E. M. Reynolds  
Registrar.

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) Julius E. Ruckelshaus M. D.  
(Address) Union Star, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

