

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.

APR 16 1937

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

Do not use this space.

11510

1. PLACE OF DEATH

County Cass  
Township Austin  
City Cordelia (No.         )

Registration District No. 147  
Primary Registration District No. 5810

File No.           
Registered No.           
St.          Ward)         

2. FULL NAME Cordelia Alice 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M</u> <i>(write the word)</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Logan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23 1893</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>        </u>	
	10. Date deceased last worked at this occupation (month and year) <u>        </u>	11. Total time (years) spent in this occupation <u>        </u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 1937

22. I HEREBY CERTIFY that I attended deceased from Mar 2 1937 to Mar 2 1937  
I last saw her alive on Mar 2 1937 Death is said to have occurred on the date stated above, 3:30 PM

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

Date of onset         

Other contributory causes of importance:         

Name of operation X Date of           
What test confirmed diagnosis?          Was there an autopsy?         

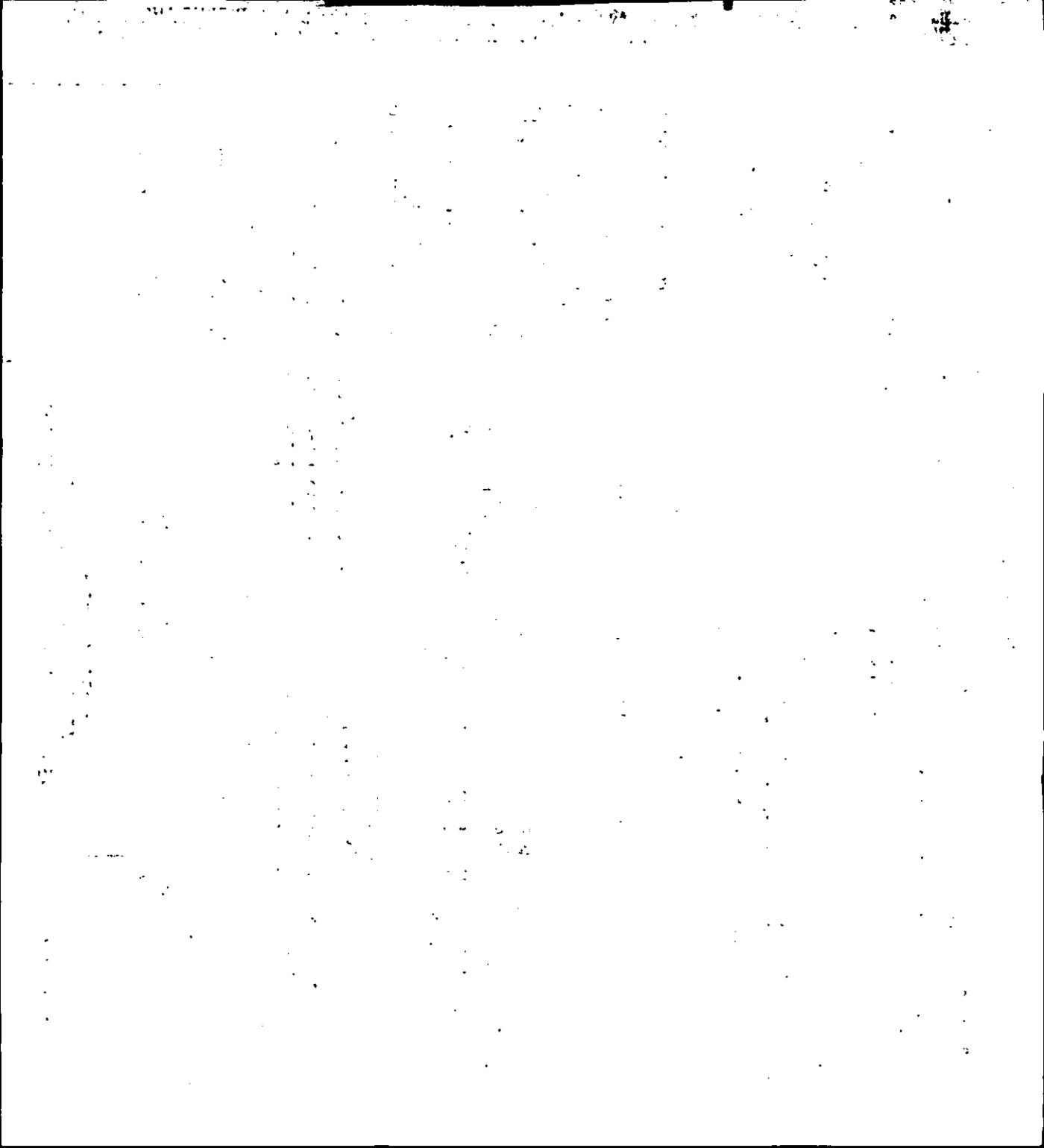
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?          Date of injury         , 19           
Where did injury occur?          (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.         

Manner of injury           
Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify         

(Signed) Wm Logan Patterson M. D.  
(Address)         

FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>Clark County</u> (STATE OR COUNTRY) <u>Iowa</u>
	13. NAME <u>Robert W. Davison</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Rosana Wood</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Iowa</u> (STATE OR COUNTRY)
	17. INFORMANT <u>Wm Logan Patterson</u> (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL <u>Removed</u> PLACE <u>Diagonal Grove</u> DATE <u>April 2 37</u>	
19. UNDERTAKER <u>Arthur B. Roberts</u> (ADDRESS) <u>Parmito Mo</u>	
20. FILED <u>April 2 1937</u> <u>Mrs. Dora Adair</u> Registrar.	



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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Cass  
Township Austin  
City..... (No..... St..... Ward)

Registration District No. 147  
Primary Registration District No. 3810

File No. 11510  
Registered No. ....

**2. FULL NAME**

Cordelia Alice Patterson

(a) Residence, No..... St..... 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. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M

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

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

7. AGE YEARS MONTHS DAYS If LESS than day, or.....  
44 4 9

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED April 2, 1921 Mrs. Doreidair Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1 1921

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Carcinoma of uterus and of rectum  
Started in uterus  
Primarily

Other contributory causes of importance:

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?.....

If so, specify.....

(Signed) Edgar M. Griffith, M. D.

(Address) Harrisonville Mo

SUPPLEMENT

NOTE—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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