

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

5013-7-26-37 I 1121004

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.

10 REC'D MAR 14 1938

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

6017  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73

(b) Township \_\_\_\_\_ Primary Registration District No. 3006 Registered No. 28

(c) City Columbia (d) Street No. 1506 Windsor St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME MARSHAL PATTERSON 3621

(a) Residence, No. 1506 Windsor St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-30-1852

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

<u>85</u>	<u>6</u>	<u>3</u>	
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OCCUPATION

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

9. Industry or business in which work was done, as 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) St. Louis County Missouri

FATHER

13. NAME David Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Sue Hingate 1506 Windsor Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Natton DATE 2-5-1938

19. FUNERAL DIRECTOR (ADDRESS) Parker Furniture Co Columbia, Mo

20. FILED 2/5/1938 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-14-1938 to 2-3-1938. I last saw him alive on 2-3-1938. Death is said to have occurred on the date stated above, at 2:00 P.M.

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

Other contributory causes of importance: Arteriosclerosis do not know

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury \_\_\_\_\_  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. A. Dyson, M. D.  
(Address) Columbia, Mo.

STATEMENT BY LICENSED EMBALMER

I, W. D. Whitehead, Licensed Embalmer No. 3893  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. D. Whitehead

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed W. D. Whitehead  
Licensed Embalmer No. 3898

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**