

650 MAR 9 1939

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

6901
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 410
(b) Township Pheasant Primary Registration District No. 5566 Registered No. 5
(c) City _____ (d) Street No. _____ 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 39 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

3639 Thomas Kyle Patterson
(a) Residence, No. Jasper Mo RR 2 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Trissa Patterson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 11
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. farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co Kentucky

FATHER 13. NAME Samuel Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co Kentucky

MOTHER 15. MAIDEN NAME Naomi Roberts

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

17. INFORMANT Mrs. Thomas Patterson (ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Cem DATE Feb. 17 1939

19. FUNERAL DIRECTOR (NAME) Thos. J. Teeter (ADDRESS) Jasper Mo

20. FILED Feb. 17 1939 Clara C. Coarna Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12th, 1939, to Feb. 13th, 1939

I last saw him alive on Feb. 13th, 1939. Death occurred on the date stated above, at 11:10 AM.

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

Cerebral thrombosis
Other contributory causes of importance: Nephritis and Cardiovascular conditions

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. Darwin Magee D.O. M.D.
(Address) Jasper, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very im- CAUSE OF DEATH in plain terms, so that it may be properly classified.

1273
RECEIVED

District Health Officer No. 6,

District File Number 6-39-465

Date Filed MAR 3 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Chas J Teeter, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Chas J Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper Mo

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6901
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 410
 (b) Township Breton Primary Registration District No. 55-66 Registered No. 54
 (c) City _____ (d) Street No. _____ 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 Thomas Rule Patterson
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 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 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>5</u>	<u>11</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1939

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:
Cerebral thrombosis
Chronic Nephritis | 21
Nephritis and Cardiovascular Conditions

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) J. Darwin Magee, M. D.
 (Address) Jasper, Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS MOORE

Local Registrar.

