

REC'D APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

8481
Do not use this space.

CERTIFICATE OF DEATH

1. PLACE OF DEATH *En Route To Home Phillips* 791
 (a) County..... 3 Registration District No.....
 (b) Township..... Primary Registration District No..... 1003
 (c) City..... 1 Registered No..... 2246
 (d) Street No. *En Route Home Phillips* 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 *Lillie Patterson*
 (a) Residence, No. *1416 Carr* St. *25*
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 16th 1878*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *HWK.*
 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) *Gonesboro Ark.*

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

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

17. INFORMANT *Eula Chandler* (ADDRESS) *1416 Carr*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *9-8-39*

19. FUNERAL DIRECTOR (NAME) *E. L. Garner* (ADDRESS) *2829 Washington Ave.*

20. *MAR 8 1939* Local Registrar *J. D. Baldees*

No physician or attendance
 MEDICAL CERTIFICATE OF DEATH
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/4/39* 19
 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 *7:10 P.M.*
 The principal cause of death and related causes of importance were as follows:
 Date of onset
Arteriosclerosis
 Other contributory causes of importance:
Arteriosclerosis
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *No*
 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) *Alfred Perry* M.D.
 (Address) *Alfred Perry*

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.

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,

or by

Raymond C. Gehlke

License #

3985

Registered Apprentice No.

City #99

, working under my personal supervision.

Signed

R. E. Campbell

Licensed Embalmer No.

3881 City #100

P. O. Address

St Louis 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.