

SEP 12 1939

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

30374  
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 828  
 (b) Township Jackson Primary Registration District No. 6040 Registered No. ....  
 (c) City ..... (d) Street No. ....  
 (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 Lelia Maude Patterson

(a) Residence, No. Shelby Co. Mo. 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Scott Patterson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/26/1896  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
43 6 10

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. .... Housekeeper  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

FATHER 13. NAME Joseph Snider

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

MOTHER 15. MAIDEN NAME Mary Jane Blackburn

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

17. INFORMANT Scott Patterson (ADDRESS) Lakenan Mo.

18. BURIAL PLACE Kendall Mo. DATE 8/8/39

19. FUNERAL DIRECTOR (NAME) Million & Barkeley (ADDRESS) Shelbina Mo.

20. FILED Aug 16 19 Mrs Lyell Landrum Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Apr 3 1932 to Aug 6 1939  
 I last saw him alive on Aug 6 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Plenitic effusion 7-1-1939  
Hypertension 1952  
Probable tumor in lung.  
 Other contributory causes of importance: 55

Name of operation Chincel Date of .....  
 What test confirmed diagnosis? Chincel 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 A.M. Wood M. D.  
 (Signed) Shelbina Mo (Address) 750

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.

RECEIVED  
District Health Officer No. 10  
District File Number 7-89-18746  
Date Filed SEP. 6 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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *William E. Dejean*  
Licensed Embalmer No. *395-7*  
P. O. Address *Shelbina, 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.**