MAY 18 1936

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

Do not use this space.

14207

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1. PLACE OF DEATH

County Buchanan Registration District No. 1001

Township Primary Registration District No.

City St. Joseph (No. St. Joseph's Hospital St. Ward)

File No.

Registered No. 607

2. FULL NAME Joseph Patterman

(a) Residence, No. St., Ward. Cosby, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16. 1865.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	5	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

FATHER

13. NAME John Patterman

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

MOTHER

15. MAIDEN NAME Hedwidge Lilge

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

17. INFORMANT Pherolia Patterman
(ADDRESS) Cosby, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Marys Cemetery
PLACE Hurlinger, Mo. DATE April 25 1936

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union St. St. Joseph, Mo.

20. FILED 4-23 1936 John Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1936.

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~
April 22, 1936, to ..., 19...
I last saw him alive on ..., 19... Death is said
to have occurred on the date stated above, at 3/17 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Was in auto collision April 5th	

Name of operation none Date of ...
What test confirmed diagnosis? Clin. Hist. Was there an autopsy? yes

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) Jonas Thomas Coroner, M. D.
(Address) 731 Jarvis

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.

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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.

1. PLACE OF DEATH
County Buchanan Registration District No. 851
Township
Primary Registration District No. 1001
City St Joseph (No. St. Ward)
File No.
Registered No. 607

2. FULL NAME Joseph Patterman

(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: 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 70, MONTHS 5, DAYS 6. If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
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)

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. UNDERTAKER (ADDRESS)

20. FILED 4/23 1936 John R Bender *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22, 1936

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: Lobar Pneumonia — Date of onset

Other contributory causes of importance: Was in auto collision on April 5 — was badly shaken but I think this had something to do with his pneumonia

Name of operation ...... Date of ......
What test confirmed diagnosis? Chest [illegible] Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/5, 1936
Where did injury occur? Buchanan County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Auto accident
Nature of injury Bruises and probably caused pneumonia

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Forest Thomas Carr M. D.
(Address) 731 Faraon St Joseph Mo

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