2110

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 5-A

1. PLACE OF DEATH
County Apache State Arizona Registered No.
Township or Village or
City St. Johns No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. if of foreign birth? 69 yrs. mos.
2. FULL NAME Joseph Bowman Patterson How long in State when death occurred? 53 yrs. mos. 93d
(a) Residence: No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

## 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 Margaret E. Patterson
6. DATE OF BIRTH (month, day, and year) March 5, 1853
7. AGE: Years 80 | Months 1 | Days 17 | 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. None
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) Walls Ends England

FATHER
13. NAME Edward Patterson
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Bowman
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Joy B. Patterson, Son
(Address) St. Johns, Arizona
18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns, Ariz Date April 24 1933
19. UNDERTAKER Neighbors
(Address) St. Johns, Arizona
20. Filed Apr 23, 1933 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 23, 1933
22. I HEREBY CERTIFY, That I attended deceased from 1911, to Apr 22, 1933
I last saw him alive on April 23, 1933; death is said to have occurred on the date stated above, at 6 A. m.

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

| | Date of Onset |
|---|---|
| Myocarditis with Uremia | Mar 33 |
| Chronic Degenerative | |
| & Secondary to Arteriosclerosis | |

Other contributory causes of importance:
Arteriosclerosis Obliterans for 22 yrs

Name of operation Date of
What test confirmed diagnosis? Autopsy 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) [signature], M. D.
(Address) St. Johns Ariz

3M 2-8-33 MS-47971

Back of Certificate to be used for any additional Information