

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

1295  
709  
70  
100

1. PLACE OF DEATH  
 County Jackson Registration District No. 709 File No. 1295  
 Township Kans Primary Registration District No. 70 Registered No. 100  
 City K.C. Mo. (No. 3416-E-10th St.) St. Mo. Ward 10

2. FULL NAME George C. Papineau  
 (a) Residence. No. 3416 E-10th St. Mo. Ward. 10  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Papineau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-5-1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>35</u>	<u>2</u>	<u>20</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Printer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-25-1922

17. I HEREBY CERTIFY, That I attended deceased from 1-20-22 to 1-24-22 1922  
 that I last saw h. m. alive on 1-24-22 1922; and that death occurred, on the date stated above, at 11:30 A.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis Pulmonary.  
237.  
111 B

CONTRIBUTORY (SECONDARY) Edema of Lungs (duration) yrs. mos. da. 2

9. BIRTHPLACE (CITY OR TOWN) Mass (STATE OR COUNTRY)

10. NAME OF FATHER Neopolitan Papineau

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED at IF NOT AT PLACE OF DEATH.  at

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Physical Ex. & X-Rays  
 (Signed) D. P. Craswell, M.D.  
1-25-1922 (Address) 3731 E 11th

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. INFORMANT Mary E. Papineau  
 (Address) 3416 E-10th St

15. FILED 1/26 1922 M. M. Crane REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL K.C. Kansas DATE OF BURIAL Jan 27 1922  
Quindora cemetery

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

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.

