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

Do not use this space.

~~36641~~ a

File No. 33540 a

Registered No.

1. PLACE OF DEATH

County Lawrence

Township

City (No. 5 mi. west of Verona Mo. St. Ward)

Registration District No. 470

Primary Registration District No. 5633

JAN 20 1937

2. FULL NAME Edward R Paschal

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

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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mattie Paschal

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June-29-1847

7. AGE: Years 78 Months 5 Days 9 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: unknown

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

12. MAIDEN NAME OF MOTHER: unknown

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

14. INFORMANT: Cody Paschal
(Address): Aurora Mo.

15. FILED, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov - 8 1925

17. I HEREBY CERTIFY, That I attended deceased from Nov 1925, to Nov 8 1925, that I last saw him alive on Nov 8 1925, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY): none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Observed
(Signed) J Will Smith, M. D.
, 19 (Address) Verona Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Spring River Cem.

DATE OF BURIAL: Nov. 10 1925

20. UNDERTAKER: King Funeral Home

ADDRESS: Aurora Mo

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ... REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESC... IY LAW

1. PLACE OF DEATH

County Lawrence — Registration District No. 470 — File No. 57

Township Mt Vernon — Primary Registration District No. 5633 — Registered No.

City ..... (No. 5 mi West Mt Vernon Mo St. ..... Ward)

2. FULL NAME Edward A Paschal

(a) Residence. No. Verona Mo 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mattie Paschal

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 29 1847

7. AGE: 78 — YEARS: — MONTHS: 5 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Cody Paschal
(Address) Aurora Mo

15. FILED: Dec 30, 1930 — W J Fielloss, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 8 1925

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1925 to Nov. 8, 1925, that I last saw him alive on Nov. 8, 1925, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
1000
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): none
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. Will Smith, M. D
, 19 (Address) Verona Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Spring River Cem. — DATE OF BURIAL: Nov. 10 1925

20. UNDERTAKER: King Funeral Home — ADDRESS: Aurora Mo

SUPPLEMENTARY

33540