JAN 3 1929

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

Do not use this space.

40176

1. PLACE OF DEATH
County: Benton — Registration District No. 312 — File No.
Township: Jackson — Primary Registration District No. 4188 — Registered No. 24
City: Hengatown — No. ... St. ... Ward)

2. FULL NAME: Mary Frances Paullett
(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 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm H. Paullett
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 3 1848
7. AGE: Years 80 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Kentucky

PARENTS
10. NAME OF FATHER: Wm. Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Mrs [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Wm H. Paullett
(Address): Kingsville Mo.
15. FILED Dec 27, 1928 — DuPauette, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-26-1928
17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1928, to Dec 2, 1928, that I last saw h. alive on Dec 2, 1928, and that death occurred, on the date stated above, at 5.30 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
94A Angina Pectoris
11B
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 13 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. DuPauette M. D.
Dec 27, 1928 (Address) Kansas City 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: Savannah - Cem. — DATE OF BURIAL: 12-27-1928
20. UNDERTAKER: R. S. Taggart — ADDRESS: Kingsville 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.

PERMANENT RECORD