JAN 28 1929

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

Do not use this space.

43892

1. PLACE OF DEATH
County Warren Registration District No. 882
Township Hickory Grove Primary Registration District No. 6174
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 17

2. FULL NAME Mollie E. Paul (Nee Meyer)
(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 Female
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 Wife of Fred G. Paul

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/2/1875

7. AGE Years 53. Months — Days 21. 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) Warrenton
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Herman H Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Henrietta Brummer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Fredel C Paul
(Address) Wright City Mo

15. FILED 12/24/1928 E. A. Hoesmeier M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23rd 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 8th, 1928, to Dec 22nd, 1928 that I last saw her alive on Dec 1st 1928, and that death occurred, on the date stated above, at 4:57 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of the Liver

46E 44 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (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? —

12/24 (Signed) N. J. Clausbach, M.D.
1928 (Address) Wright 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 Wright City Cemetery
DATE OF BURIAL 12/26/1928

20. UNDERTAKER C. G. Mickey Wright City Mo.
ADDRESS

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.