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

Do not use this space.

1474

1. PLACE OF DEATH
County Jackson Registration District No. File No.
Township Kan Primary Registration District No. Registered No. 61
City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Herman August Paschal

(a) Residence. No. 2629 E 7th St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29-1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	58	4	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Penrod Walnut Veneer Co.
(c) Name of employer Sheffield Mo.

9. BIRTHPLACE (CITY OR TOWN) Linn Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER August Paschal
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Berlin
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Tillie Zierlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Berlin
(STATE OR COUNTRY) Germany

14. INFORMANT Nellie Cox
(Address) 1306 E Washington

15. FILED 1/6, 19 29 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner
....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that
death occurred, on the date stated above, at 1.15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
186A Fracture skull
194 Fell down stairs slept
Accidental

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY)

(duration) ..... yrs. ..... mos. ..... da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Stanley M Hall, M. D
1/5, 19 29 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or if 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	DATE OF BURIAL
Maple Hill	Jan 9 1929
20. UNDERTAKER	ADDRESS
Eylar Funeral Home	1805 Linwood

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.