

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

Do not use this space.

6506

669

**1. PLACE OF DEATH**

County Jackson Registration District No. ....  
 Township Kan Primary Registration District No. ....  
 City Kansas City (No. General Hospital) St. .... Ward) .....

**2. FULL NAME**

Paul Betty Joe  
 (a) Residence No. 2015 Dauphin 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 23/19-24

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>4</u>		<u>3</u>	<u>15</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Shipyard  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Kingsville  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Edgar Paul

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

12. MAIDEN NAME OF MOTHER Jessie Merrill

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

14. INFORMANT Records Clerk  
 (Address) R.C. General Hospital

15. FILED 2/9/29 W.M. Crane REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-8 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-7, 1929, to 2-8, 1929, that I last saw her alive on 2-8, 1929, and that death occurred, on the date stated above, at 9:45 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Epidemic Meningitis  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 24  
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? .....

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) P.C. Williams M.D.  
7/9, 1929 (Address) R.C. General Hospital

\*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 Highland Park DATE OF BURIAL Feb 11 1929

20. UNDERTAKER Rose & Henderson ADDRESS 15<sup>th</sup> Jackson

