

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

Do not use this space.

1. PLACE OF DEATH

County De Kalb
Township Patton
City Mexico (No.) St. Ward)

Registration District No. 26
Primary Registration District No. 3002

File No. 9416
Registered No. 37

2. FULL NAME Mrs. Annie Hereford Paul

(a) Residence. No. Kings Bay, Jacksonville 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. da. 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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 6 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

10. NAME OF FATHER W. Hereford

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

12. MAIDEN NAME OF MOTHER Elmer Buchanan

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

14. INFORMANT Mrs. K. F. Stokes
(Address) matron

15. FILED March 15, 1929 Ira S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-13-1929

17. I HEREBY CERTIFY That I attended deceased from 9-12-29 to 9-13-29 that I last saw her alive on 9-12-29, and that death occurred, on the date stated above, at 2:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senilial Remora
Senility (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. H. Kannon M. D.

, 19 29 (Address) Mexico, 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 Mt. Olive Cem DATE OF BURIAL 3-14 1929

20. UNDERTAKER H. A. Preech & Son ADDRESS Mexico, Mo.

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.

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