

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

Do not use this space.

30961

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City K. C. Mo. (No. 2303 College) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mary Esther Paul  
 (a) Residence. No. 2303 College St. Ward 11 (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.

File No. \_\_\_\_\_  
 Registered No. 3986  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Linis Ewing Paul  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25 - 1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 9 27  
 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) Ohio  
 10. NAME OF FATHER John S. Mote  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 12. MAIDEN NAME OF MOTHER Sarah A. Dunlap  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

14. INFORMANT Elsie Wheeler  
 (Address) Ind. Mo.  
 15. FILED 9/23 29 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 1929  
 17. I HEREBY CERTIFY, That I attended deceased from May 9 - 22 - 1929 that I last saw him alive on 9 - 21 - 1929, and that death occurred, on the date stated above, at 12.33. e.p.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Sarcoma of chest with metastasis 53E  
34  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Syphilis  
years  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? DATE OF June - 29  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Sarcoma  
 (Signed) Jessie E. Scott, M. D.  
9/23 29 (Address) K. C. Mo. Kn  
 \*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 DATE OF BURIAL  
Keosauqua Mo. Sept 24 1929  
 20. UNDERTAKER ADDRESS  
Rose & Henderson 158 Jackson

WRITE 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.

Box 0924-2-12, m,

1409 Munn Ave.

Dr. J. E. Scott