

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

Do not use this space.

21587
~~91187~~

1. PLACE OF DEATH

County Scott
Township Sandywood
City Blodgett

Registration District No. 813
Primary Registration District No. 6067

File No.
Registered No. 3-
St. Ward

2. FULL NAME

Zora Jane Paschal

(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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 6th 1926

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>mins.</u>
3	11	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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)

Blodgett

10. NAME OF FATHER

Orieta Paschal

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

Perm

12. MAIDEN NAME OF MOTHER

Ruth Parsons

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

Dunklin Co Mo

14. INFORMANT (Address)

Orieta Paschal
Blodgett Mo

15. FILED

O'Brien
Blodgett Mo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 1st 1930

17. I HEREBY CERTIFY That I attended deceased from July 15, 1930, to June 15, 1930 that I last saw him alive on July 2, 1930, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Masteroid Abrasion
86B
898B

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

18. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) O'Brien, M. D.
, 19 (Address) Blodgett 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

Blodgett

DATE OF BURIAL

6-2-1930

20. UNDERTAKER

Blodgett
Mills
Blodgett Mo

ADDRESS

Blodgett Mo

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.

1930

