AUG 20 1930

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 21999
Township — Primary Registration District No. 1001 — Registered No. 827
City St. Joseph, (No. 2114 So. 9th street St. Ward)

2. FULL NAME Edna Paulsgrove

(a) Residence. No. 2114 So. 9th St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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): Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14, 1888.

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 42 | 00 | 3 | |

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) Bethany
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Edward Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ********
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Maria Henry.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **********
(STATE OR COUNTRY) Ohio.

14. INFORMANT Clarence Paulsgrove
(Address) 2114 So. 9th ST. St. Joseph. Mo.

15. FILED AUG 18 1930 John G. [illegible] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1930

17. I HEREBY CERTIFY, That I attended deceased from 1930 A.M. 7-17, 1930 to 10-45 A.M., 1930 that I last saw h.e.v. alive on 7-17 Time stolen, and that death occurred, on the date stated above, at 1-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute indigestion
125B
1198

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertrophied Liver
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Gen. Sympt.
(Signed) Branch B. Hammer M.D.
7/19, 1930 (Address) Foyon Bldg.

*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 King Hill Cemetery — DATE OF BURIAL July 19, 1930.
20. UNDERTAKER Fred D. Clark — ADDRESS 5025 King Hill Ave. St. Jo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.