NOV 22 1930

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

Do not use this space.

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. Springfield Baptist Hospital St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No. 35829
Registered No.

2. FULL NAME Paul Andrew Page
(a) Residence. No. (Plaza Hotel) 406 St. N. Main 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 21 - 1897

7. AGE: YEARS 33 | MONTHS 8 | DAYS 12 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Restaurant Propietor
(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): Mo.

PARENTS
10. NAME OF FATHER: Edward Page
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Lucy K. Payne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. Harry Harvey
(Address) Springfield. Mo.

15. FILED 11-5, 1930 Lon Sharp (W) REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Nov 3, 1930, that I last saw him alive on Nov 3, 1930 and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
172 Gun P intoxicated
1[illegible]
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Gun shot wound
Shot by policeman when he resisted arrest (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 2-30
WAS THERE AN AUTOPSY? yes by
WHAT TEST CONFIRMED DIAGNOSIS? Dr Blair
(Signed) Wilbur Smith, M. D.
11-5, 1930 (Address) Springfield 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: Union Grove | DATE OF BURIAL: 11-5-1930

20. UNDERTAKER: 424 E. Court St. J. W. Klingner & Co. | ADDRESS: Springfield 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.

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