MAR 23 1931

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

Do not use this space.

8805

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 229

City St. Joseph (No. 2613 Monterey St. St. Ward)

2. FULL NAME Charles Marion Paradise

(a) Residence. No. 2613 Monterey 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 24, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	55	4	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired soft drink dispencer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Spava
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Wade H. Paradise

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

12. MAIDEN NAME OF MOTHER Sarah Broyles

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

14. INFORMANT Mrs Florence Paradise
(Address) 2613 Monterey St.-St. Joseph Mo.

15. FILED 4 1931 19 John R Bender REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1929, to Mar 1, 1931, that I last saw him alive on Feb 24, 1931, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

131

82 A

102 (duration) 1½ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension + Nephritis several (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M. D.

Mar. 2, 1931 (Address) St. Joseph 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	DATE OF BURIAL
Mt. Olivet Cemetery	Mar. 5 1931
20. UNDERTAKER [signature]	ADDRESS 1802 Union St.

MAR 4 1931

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