

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

Do not use this space.

24398

1. PLACE OF DEATH
 County St. Louis Registration District No. 104
 Township St. Charles Primary Registration District No. 8154 File No. _____
 City _____ (No. _____) St. _____ Ward _____ Registered No. 29

2. FULL NAME Margaret Elliot Paul
 (a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 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 J. H. Paul
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 2nd 1868
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 11 11
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Co Ill.
 13. NAME Chas Frost
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary
 15. MAIDEN NAME Annaly Salmon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa
 17. INFORMANT (ADDRESS) John J. Decker
 18. BURIAL, CREMATION, OR REMOVAL PLACE W. Kane Cemetery DATE 7-25-31
 19. UNDERTAKER (ADDRESS) W. W. McGroves
 20. FILED 7-24 1931 W. W. McGroves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23-31 1931
 22. I HEREBY CERTIFY That I attended deceased from May 1931, to July 23 1931
 I last saw h. alive on 7/2 1931. Death is said to have occurred on the date stated above, at 11:30a. m.
 The principal cause of death and related causes of importance were as follows:
myocarditis
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. J. Decker, M. D.
 (Address) W. Kane Cemetery

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.

AUG 25 1931

WITH OUPDING INK—THIS IS A PERMANENT RECORD

