

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

Do not use this space.

24644

**1. PLACE OF DEATH**

County De Witt  
Township Madison  
City Paulsboro (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 997  
Primary Registration District No. 6238

File No. \_\_\_\_\_  
Registered No. 5 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Paulsboro May East

(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 L 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
20 1 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Lady  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Gasconade  
(STATE OR COUNTRY) County MO

10. NAME OF FATHER Otis Rhodes

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

12. MAIDEN NAME OF MOTHER Jessie Smith

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

14. INFORMANT Otis Rhodes  
(Address) Madison MO

15. FILED 8/10 19 31 F. M. Jadwin  
REGISTRAR H. H. O'G.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1931

17. I HEREBY CERTIFY, That I attended deceased from June 25 1931 to July 10 1931, and that I last saw him alive on July 10 1931, and that death occurred, on the date stated above, at 8 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Puerperal sepsis  
140  
36 (duration) 1 yrs. 8 mos. 8 ds.

CONTRIBUTORY (SECONDARY) Misarrriage  
(duration) 4 yrs. 4 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED At home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Phys. Exam  
(Signed) \_\_\_\_\_ M. D.

Address Salmon 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 Empire Crematory DATE OF BURIAL 9/11 1931

20. UNDERTAKER N. D. Holman ADDRESS Salmon MO

AUG 26 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified.

