

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

Do not use this space.

27992

OCT 2 1931

1. PLACE OF DEATH

County Henry Registration District No. 312
 Township Wagon Primary Registration District No. 4188
 City Sturgis (No. _____) St. _____ Ward _____

File No. _____
 Registered No. # 417

2. FULL NAME

(a) Residence, No. King City Mo. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 7 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. weaver

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) Sept 1904 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waukegan Ill
Scotland

13. NAME Paul

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Louisa Patten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Geo. Knapf

18. BURIAL, CREMATION, OR REMOVAL PLACE King City DATE Aug 30, 1931

19. UNDERTAKER (ADDRESS) Paul & daughter
King City Mo

20. FILED Sept 14, 1931 M. P. Paulette
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from August, 1928, to Aug 28, 1931
 I last saw h. Ex alive on Aug 7, 2:20p, 1931. Death is said to have occurred on the date stated above, at _____ min.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
18 1/2
820
 Date of onset 2 hrs
 Other contributory causes of importance:
First stroke of Apoplexy
Paralysis following about 3 years ago

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) M. Ed. Shuler, M. D.
 (Address) King City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation, if any.

