

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

Do not use this space.

18716

**1. PLACE OF DEATH**

County Reeshaun Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. 1215 2015)

File No. \_\_\_\_\_  
 Registered No. 550  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1215 So 15 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 <u>Male</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maria M</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 9 1849</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>1</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
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) <u>Unknown</u> <u>Germany</u> <u>10</u>		
13. NAME <u>Pete Pauley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>John Pauley</u> <u>1513 N 12</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mathews</u> DATE <u>June 8 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Stuigley - Stone</u> <u>F. H.</u> <u>208 So 15</u>		
20. FILED <u>6-7-32</u> 19 <u>John P. Berden</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3 1932 to June 3 1932  
 I last saw him live on June 3 1932 Death is said to have occurred on the date stated above, at 7:25 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage <sup>Date of onset</sup> June 3 - 1932  
87A  
82A  
 Other contributory causes of importance:  
Arteriosclerosis  
50.26 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Biopsy 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) Charles H. Werner M. D.  
 (Address) 315 N. K. Kpatrich Bldg  
St. Joseph, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 21 1932

