

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

Do not use this space.

31157

1. PLACE OF DEATH

County Shannon Registration District No. 822

Township Birch Tree Mo. Primary Registration District No. 4497

City Birch Tree Mo. St. _____ Ward _____

File No. _____

Registered No. 9

2. FULL NAME William Harrison Paschall

(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

M

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

Cora May Paschall

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

Oct 26 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	10	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minister

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mississippi

10. NAME OF FATHER Wm M. Paschall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Sarah L. Ford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Alabama

14. INFORMANT

(Address) Cora Paschall
Birch Tree Mo

15. FILED

19 R. J. Davis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 **to** Sept 10 1932

that I last saw him alive on Sept 10 1932 and that death occurred, on the date stated above, at 7:15 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Gastritis

1189 118

(duration) 7 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ **DATE OF** _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. J. Davis, M. D.

, 19 Birch Tree Mo (Address)

*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

Oak Forest Cemetery 9/11 1932

20. UNDERTAKER

ADDRESS

D. B. Shelley Birch Tree

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.

OCT 30 1932

