

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

Do not use this space.

39019

1. PLACE OF DEATH

28 County Crawford Registration District No. 229
Township Bourbon Primary Registration District No. 5211
City Bourbon (No. _____) St. _____ Ward _____

2. FULL NAME

William Pascome Paul
(a) Residence, No. Bourbon, Mo. Ward _____ (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1878
7. AGE YEARS 63 MONTHS 6 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Bourbon (STATE OR COUNTRY) Mo

FATHER 13. NAME Lionel Paul

14. BIRTHPLACE (CITY OR TOWN) Hirsh (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

17. INFORMANT Ethel Paul (ADDRESS) Bourbon Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbon DATE 12-20-33

19. UNDERTAKER Robert Long (ADDRESS) Bourbon Missouri

20. FILED Jan 9 1933 C. W. Adams Registrar

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932 to Dec 17 1932
I last saw him alive on Dec 15 1932 Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:

Influenza
11B
Other contributory causes of importance: 11B
Date of onset _____

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) W. F. Irwin, M. D.
(Address) Learburg 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.

JAN 23 1933

