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

Do not use this space.

P. 327
1597

File No. 1597
Registered No.

1. PLACE OF DEATH
County JACKSON Registration District No.
Township KAW Primary Registration District No.
City KANSAS CITY (No. 3011 Mc GEE St. Ward)

2. FULL NAME MRS AMELIA B. PADDOCK
(a) Residence, No. 3011 Mc Gee St., 3 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND~~ OF (OR) WIFE OF STEPHEN D. PADDOCK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-28-1849

7. AGE: Years 83 | Months 1 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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) NEW YORK

FATHER
13. NAME JOSEPH BANGS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MASSACHUSETTS

MOTHER
15. MAIDEN NAME AUGUSTA BURRITT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MASSACHUSETTS

17. INFORMANT MR. MARK B. PADDOCK
(ADDRESS) 3011 - Mc GEE ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE JANUARY-23, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 1-21, 1933 M. M. Bogue asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933, to Jan. 21, 1933
Last saw her alive on Jan 21, 1933. Death is said to have occurred on the date stated above, at 7:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
59	

Other contributory causes of importance:

59

Name of operation no Date of
What test confirmed diagnosis? Sugar 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) A. R. Greenlee, M. D.
(Address) 402 Wirthman Bldg

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.

PRINT WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

402 Werthman Bldg.
1- 3:30