

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

Do not use this space.

**23202**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. Trinity Lutheran Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2908  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Marion Paul

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Warrensburg, Missouri  
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mark L. Paul

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
33 8 1

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

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) Missouri

13. NAME C. E. Butcher

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

15. MAIDEN NAME Edith McQuitty

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

17. INFORMANT Mark L. Paul  
 (ADDRESS) Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg, Mo DATE July 16, 1933

19. UNDERTAKER Stimp & McClure  
 (ADDRESS) 3235 Millbank Plaza

20. FILED July 14, 1933 M. M. Croull Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933, to July 14, 1933

I last saw her alive on July 14, 1933. Death is said to have occurred on the date stated above, at A. m. 6:30

The principal cause of death and related causes of importance were as follows:

Acute ulcerative colitis with hemorrhage and perforation  
 Date of onset Oct. 1932

Other contributory causes of importance:  
Acute exophthalmic goiter May 1933

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chemical laboratory findings Was there an autopsy? 1

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) Frank R. Deachenor, M. D.  
 (Address) 1002 Argyle 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.

235

66  
12  
10  
7  
3

0

