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

Do not use this space.

23776

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.

Township Miller — Primary Registration District No. 5739 — Registered No. 212

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Gladys Addel Paul

(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 1 yrs. 6 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1905

7. AGE: YEARS 28 — MONTHS 1 — DAYS ✓ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Willmans D. G. Co.

10. Date deceased last worked at this occupation (month and year) Dec. 24-1932

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Samuel H. Paul

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

MOTHER

15. MAIDEN NAME Agnes Brashears

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

17. INFORMANT (ADDRESS) Agnes Brashears Hannibal Mo. R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cemetery DATE July 7 1933

19. UNDERTAKER (ADDRESS) Roy P. Schwartz Hannibal Mo.

20. FILED July 10, 1933 R. T. Sorister Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to July 5, 1933

I last saw her alive on July 4, 1933 Death is said to have occurred on the date stated above, at 11:40 a.m.

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

Pulmonary Tuberculosis — Date of onset 3 yrs

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Tray 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) H. T. Francisco, M. D.

(Address) Hannibal Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 28 1933

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