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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

21

County Charlton — Registration District No. 171 — File No. 4268

Township Keytesville — Primary Registration District No. 5237 — Registered No. 5

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

2. FULL NAME Paul A. March

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov - 7 - 1906

7. AGE: Years 27 — Months 3 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Diging Coal
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): Scotland Co. Mo.

FATHER

13. NAME: Virgil March
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Mabel Stith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Virgil March Atlanta Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Tabor Cemetery DATE 2-16-1934

19. UNDERTAKER (ADDRESS): H M Gwadding Atlanta Mo.

20. FILED Feb. 21 1934 Mrs Roy Landrel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 14 1934

22. I HEREBY CERTIFY, That I attended deceased from did not see him alive, 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

Suffocation - caused by being pinned in a coal mine by a falling rock

Date of onset: 2-14-34

2016

Other contributory causes of importance: None

Name of operation ..... 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? Accident Date of injury 2-14, 1934
Where did injury occur? Keytesville Twsh, Charlton Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Industry - coal mine
Manner of injury Suffocation
Nature of injury Pinned by a fallen rock

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) T. L. Harms - Coroner, M. D.
(Address) Salisbury Mo