

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County *Johnson*
Township *Jackson*
City *...* (No. _____) (St. _____) (Ward _____)

Registration District No. *427*
Primary Registration District No. *5592*

File No. *5466*
Registered No. *10*

2. FULL NAME

Mrs Minnie Dora Paddock
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred *17* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 *N. A. Paddock*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 26 - 1882*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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) *Tenn.*

13. NAME *James McKay*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

15. MAIDEN NAME *Mary Townsend*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

17. INFORMANT (ADDRESS) *N. A. Paddock
Hogsville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Elm Cemetery* DATE *Feb 26 1934*

19. UNDERTAKER (ADDRESS) *J. M. Johnson
Halden Mo*

20. FILED *Feb 26 1934* *S. A. Murray, M.D.*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 25 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 1933*, to *Feb 25 1934*

I last saw her alive on *Feb 23 1934*. Death is said

to have occurred on the date stated above, at *4:00 A.M.*

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

*Thyroidosis
anular fibillation
arterial hypertension*

Other contributory causes of importance:

Dr. J. M. Johnson

Name of operation *None* Date of _____

What test confirmed diagnosis? *Physic* 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) *D. F. McKinnis*, M. D.

(Address) *Warrensburg Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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