

MAR 24 1934

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

Do not use this space.

7595

1. PLACE OF DEATH

County Waynes Registration District No. 891
Township Jefferson Primary Registration District No. 4540
City Paris (No. 6191) St. _____ Ward _____

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Lechey W. Paris
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Frank W. Paris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/7/1872

7. AGE YEARS 61 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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) Ball Blount Tenn.

13. NAME Joe Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ball Blount Tenn.

15. MAIDEN NAME Madie Corven

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ball Blount Tenn.

17. INFORMANT (ADDRESS) John W. Paris, 202 Dickerson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mill Creek DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) Yates Undertaking Company, 1017 N. 1st St., St. Louis, Mo.

20. FILED 3/17 1934 The Piles, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1934, to 2/10 1934. I last saw her alive on 2/10 1934. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows: Uterine Prolapsus Date of onset _____

Other contributory causes of importance: Uterine Prolapsus

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Diag. 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) T. C. Piles _____ M. D.
(Address) Dickerson, Mo.

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.

