

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

Do not use this space.

9267-7A  
B. 1490

MAY 25 1934

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 5219 Norledge) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Nannie B. Paullin

(a) Residence, No. 5219 Norledge St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 7 15

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 No information

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

15. MAIDEN NAME Abigail Wagner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT (ADDRESS) Mrs. M. D. Tarleton  
5219 Norledge

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem DATE 4-2 1934

19. UNDERTAKER (ADDRESS) Stuart McCreary  
3235 Hillhurst Ave

20. FILED 4-2 1934 mm Crow  
Regist.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Mar 8, 1934

I last saw him alive on Mar, 1934. Death is said to have occurred on the date stated above, at A. m. 11:45

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

Arteriosclerosis  
Heart Block

Date of onset  
1932  
Feb 1934

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) CW Row, M. D.  
(Address) 1038 Elmwood

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.

Dear Mr. [Name],

I have received your letter of the 15th and am sorry that I cannot reply to you more quickly.

The matter is being considered by the appropriate authorities and I will be in a position to advise you further as soon as a decision has been reached.

I am sure that you will understand the need for thoroughness in this process and I appreciate your patience.

Yours faithfully,  
[Signature]