

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

Do not use this space.

MAY 25 1934

**1. PLACE OF DEATH**

County Johnson  
Township Madison  
City Holden (No. \_\_\_\_\_)

Registration District No. 427  
Primary Registration District No. 4253

File No. 13353  
Registered No. 23  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

Eliza Jane Paul

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abner Paul</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4-1865</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>5</u>	DAYS <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>at home</u>			
	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				

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8<sup>th</sup> to Apr 9<sup>th</sup>, 1934  
I last saw her alive on Apr 9<sup>th</sup>, 1934. Death is said to have occurred on the date stated above, at 9:05 P.M.

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

Organic Heart Lesions (Date of onset \_\_\_\_\_)

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?

If so, specify \_\_\_\_\_  
(Signed) Ernest Sharpson, M. D.  
(Address) Holden Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	13. NAME <u>Aron Patten</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Martha Lewis</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
INFORMANT	17. INFORMANT (ADDRESS) <u>Mrs S. V. Barber Hangerille Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holden</u> DATE <u>Apr 11</u> , 19 <u>34</u>
UNDERTAKER	19. UNDERTAKER (ADDRESS) <u>H. J. Goodman Holden Mo</u>
	20. FILED <u>Apr 12</u> , 19 <u>34</u> <u>S. W. Murray, M.D.</u> Registrar.

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.

Q Thompson

1901

1902

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