

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

Do not use this space.

Dr. Arthur Knapp
File No. *543*
Registered No. *21120*
St. _____ Ward _____

1. PLACE OF DEATH

County *Greene* Registration District No. *318*
Township _____ Primary Registration District No. *2001*
City *Springfield* *608* *Stanford*

2. FULL NAME

Mrs. Mary Ann Paul
(a) Residence, No. *608* *Stanford* 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* 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 17 - 1871*

7. AGE YEARS *63* MONTHS *6* DAYS *1* If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *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) *Wilmington*

13. NAME *Joseph Wetzel*

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

15. MAIDEN NAME *Bertha Holz*

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

17. INFORMANT (ADDRESS) *J. S. Paul*
Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bloomington* *July 17 - 1934*

19. UNDERTAKER (ADDRESS) *Alma Taylor*
Springfield, Mo

20. FILED *7-19* 1934 *Springfield*
Registrar *Dolph W. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 18 - 1934*

22. I HEREBY CERTIFY, That I attended deceased from *July 17, 1934* to *July 18, 1934*
I last saw her alive on *July 17, 1934*. Death is said to have occurred on the date stated above, at *4 A* m.

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

Carcinoma of uterus with metastases
48
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ (Date of _____)
What test confirmed diagnosis? *Smear* 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) *Arthur D. Knapp* M. D.
(Address) *450 1/2 E. ...*

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 8 1934

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