

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

Do not use this space.

APR 9 1935

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1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. St. Paul Hospital) St. 2089 Ward)

2. FULL NAME

(a) Residence, No. Rea W. Paddock
(Usual place of abode) 2415 N. Kingsway St. NR Ward. Central Ill.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 24 - 1928</u>		
7. AGE	YEARS	MONTHS
	<u>6</u>	<u>4</u>
		DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
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) <u>Terre Haute Ind.</u>		
13. NAME <u>Wm. M. Paddock</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bigg Co. Ind.</u>		
15. MAIDEN NAME <u>Missie C. Rea</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Colgan Co. Ill.</u>		
17. INFORMANT <u>William M. Paddock</u> (ADDRESS) <u>Central Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Central Ill.</u> DATE <u>March 3, 1935</u>		
19. UNDERTAKER <u>C. T. Hogtree</u> (ADDRESS) <u>Central Ill.</u>		
20. FILED <u>MOR - 1</u> 1935. 19. <u>J. F. Brodeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1935, to Feb 27, 1935
I last saw him alive on Feb 27, 1935. Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:
Acute lymphatic leukemia
Leukemia Jan 30
Date of onset

Other contributory causes of importance:
72a

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?
If so, specify
(Signed) Jules H. Brady, M. D.
(Address) 1467 Union Ave

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.

Mr. Justice - Bennett