

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

Do not use this space.

27045

1. PLACE OF DEATH ^{SEP 3} 1935

County Maine

Registration District No. 548.

File No.

Township Liberty

Primary Registration District No. 5740.

Registered No. 53.

City (No. St. Ward)

2. FULL NAME Paul L. Ladd

(a) Residence, No. 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 male 4. 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 Mertie Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 - 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 10 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not known

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) Boonville Missouri

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Mary Beutner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) not known

18. BURIAL, CREMATION, OR REMOVAL PLACE Hammond Mo DATE 9/3 1935

19. UNDERTAKER (ADDRESS) James O' Donnell

20. FILED 9-30 1935 Bertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/31 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1935, to Aug 31 1935

I last saw him alive on Aug 31 1935. Death is said

to have occurred on the date stated above, at.....m.

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

Sclerosis of Brain 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) A. B. Brock M. D.

(Address) Perry 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.

MISSOURI STATE BOARD OF HEALTH - DEPARTMENT RECORD

