

APR 27 1936

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

Do not use this space.

13772

1. PLACE OF DEATH

County Lancaster
Township John
City (No.) (No.) St. Ward

Registration District No. 859
Primary Registration District No. 6130

File No. 10
Registered No.

2. FULL NAME

Agnes Mary Pauens

(a) Residence, No. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF / WIFE OF) Joe Pauens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.F.

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) Moberly Mo

13. NAME W. F. Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casey Tex

15. MAIDEN NAME Ruth Barkdull

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mitchell Ia

17. INFORMANT (ADDRESS) Myrtle Graves

18. BURIAL, CREMATION, OR REMOVAL PLACE Omaha Ark 3/5 1936

19. UNDERTAKER (ADDRESS) Christeson

20. FILED 3/7 1936 John A. Baxter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936, to one week Feb 28-36

I last saw him alive on Feb 28, 1936 Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Apoplexy

Date of onset

Other contributory causes of importance: jaundice infection

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? no
If so, specify

(Signed) Alvin Bidd, M. D.
(Address) Green Forest Arkansas

