

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

Do not use this space.

DEC 20 1936

41692

1. PLACE OF DEATH

County Johnson
Township Madison
City Holden (No. _____)

Registration District No. 427
Primary Registration District No. 4253

File No. _____
Registered No. 45 Ward _____

2. FULL NAME

Adam Alfred Paschal

(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 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Elizabeth Johnson Paschal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 - 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>2</u>	<u>14</u>	

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

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) Indiana

13. NAME Walter Paschal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Elmer Paschal Holden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cemetery DATE Nov 9 1936

19. UNDERTAKER (ADDRESS) W. Goodman Holden Mo.

20. FILED Nov 9 1936 Mrs. S. V. Redford Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1936, to Nov 8 1936

I last saw him alive on Oct 28 1936. Death is said to have occurred on the date stated above, at 6:45 A.M.

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

Cardiac Decompensation

Date of onset

Other contributory causes of importance:

Senility

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? no

If so, specify _____

(Signed) Kelly Rowless, M. D.

(Address) Holden Missouri

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.

