

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.

MAY 15 1937

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

Do not use this space.

15465

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
Township New Primary Registration District No. 1002 Registered No. 2022  
City K. C. Mo. (No. 3624 E. 57th Street) St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Norman Earl Paddock

(a) Residence, No. 3624 E. 57th St. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 2 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas City Mo.

13. NAME Earl A. Paddock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.

15. MAIDEN NAME Virginia Tracy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.

17. INFORMANT Nathan Carl A. Paddock (ADDRESS) 3624 E. 57th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parent's Hill DATE 4/29 1937

19. UNDERTAKER Beverly Matney (ADDRESS) 5711 Walnut Ave.

20. FILED Apr 28 1937 M. McEnroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/37 19

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on 2:10 P, 19\_\_\_\_. 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:

Acute enteric fever  
Bronchopneumonia

Date of onset \_\_\_\_\_

Other contributory causes of importance: 107a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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, 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) [Signature] \_\_\_\_\_ M. D.

(Address) [Address] \_\_\_\_\_

