

MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH

69 County Missouri
Township Manawa
City _____ (No. _____) St. _____ Ward _____

Registration District No. 579
Primary Registration District No. 5746D

File No. 17014
Registered No. _____

2. FULL NAME

Murtha Anna Paul

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John R. Paul

22. I HEREBY CERTIFY, That I attended deceased from July 1931, to April 27 1937
I last saw her alive on April 26, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/30/1846

to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 90 7 27

Chronic Myocarditis
Nephritis
Date of onset 1860

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

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

Other contributory causes of importance:
Fracture of upper third of right femur 4-18-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME David Cole

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

15. MAIDEN NAME Catherine Phelan

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

17. INFORMANT (ADDRESS) George Cole

18. BURIAL, CREMATION, OR REMOVAL PLACE Graveside DATE 4/28 1937

19. UNDERTAKER (ADDRESS) Fred A. Thompson

20. FILED 4/27 1937 Mrs. Fred A. Thompson Registrar

Name of operation none 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? accident Date of injury 4-17-1937

Where did injury occur? her home Madison (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury fractured hip fall

Nature of injury fracture

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) J. R. Turner DO _____

(Address) Madison, 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. WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. I X0314

