

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

Do not use this space.

AUG 31 1937

1. PLACE OF DEATH

County Saline
Township Elmwood
City Elmwood (No. 2)

Registration District No. 793603
Primary Registration District No. 4474

File No. 28444
Registered No. _____

2. FULL NAME

Edward F. Pauling

(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 Mrs. Mollie Pauling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1863

7. AGE YEARS 73 MONTHS 8 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Concordia Mo.

13. NAME Fredrick Pauling

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

15. MAIDEN NAME Paulina Nings

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

17. INFORMANT (ADDRESS) Mrs. Mollie Pauling, Blackburn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn, Mo. DATE 7/18/37

19. UNDERTAKER (ADDRESS) Hoek & Menbrathauer, Blackburn, Mo.

20. FILED 7-20-37 Registrar. M. M. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1937

22. HEREBY CERTIFY That I attended deceased from Apr 9, 1937 to July 16, 1937
I last saw him alive on July 16, 1937 Death is said to have occurred on the date stated above, 12:15 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset 4/9/37

Other contributory causes of importance:

22a1

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) E. S. James M. D.
(Address) Blackburn, 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.

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