

**OCT 19 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

33311

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 130 N. Belleaire) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3756

**2. FULL NAME** Mrs. Mary E. Paul

(a) Residence, No. 130 N. Belleaire St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 William A. Paul

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1885

7. AGE YEARS 52 MONTHS 6 DAYS 5 If LESS than 1 day, .....hrs. or .....min.

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Patrick Golden

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

15. MAIDEN NAME Ann Wagon

16. BIRTHPLACE (CITY OR TOWN) Loavenworth (STATE OR COUNTRY) Kansas

17. INFORMANT William A. Paul (ADDRESS) 130 N. Belleaire

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE 9-17 37

19. UNDERTAKER D. J. McGovern's Sons (ADDRESS)

20. FILED Sept 16, 1937 M.M. Cerow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937 to Sept 15, 1937

I last saw him alive on Sept 14, 1937 Death is said to have occurred on the date stated above, at 3:40 p.m.

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

Generalized Corrosivataxi Date of onset 3 yrs ago  
Secondary to carcinoma of breast - operated 7 yrs ago

Other contributory causes of importance:

Name of operation Breast amputation Date of 1928

What test confirmed diagnosis? Chemical 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) W. H. Jones M. D.

(Address) 110705 1/2 East 13th St. Kansas City, 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.

1950

[Faint, mostly illegible text, possibly a list or report. Some words like "number", "total", "percentage" are visible.]

[Handwritten notes or signatures on the right margin, including a large stylized letter 'P' and some illegible text.]