

REC'D MAY 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Warren*
Township *Hackberry Grove*
City *Houston, Mo.* (No. *4*)

Registration District No. *882*
Primary Registration District No. *6174*

File No. *16126*
Registered No. *5*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *86 yrs. 8 mos. 12 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 *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 *Wilhelmina Paul.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 24-1851*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
86 8 12

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Painter.*

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) *Houston Mo Mo*

13. NAME *Henry Paul*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know Germany*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know Germany*

17. INFORMANT *Emma of Paul. Mo* (ADDRESS) *Houston Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cappella Mo* DATE *4-8* 19*38*

19. UNDERTAKER *W. H. Schmidt* (ADDRESS) *Houston Mo*

20. FILED *4/8/38* 19 *MA Clarenbach Mo* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 5 - 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 10* 19*25* to *Apr 5* 19*38*

I last saw him alive on *Apr 4* 19*38*. Death is said to have occurred on the date stated above, at *8:45* p.m.

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

Benign Hypertrophy of Prostate Gland with chronic nephritis
Date of onset *1925*
chronic nephritis *1935*
Other contributory causes of importance: *chronic nephritis (glomerular)* *1938*
with uremia
Name of operation *hypostatic non-neumonitis* 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? If so, specify _____ (Signatures) *H. H. Schmidt*, M. D.

801 (Address) *Marthaardt 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.

