

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.

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

Do not use this space.

1. PLACE OF DEATH

Country *Polk*
Township *Wapakoneta*
City *Adrian* (No. *632*)

Registration District No. *708*
Primary Registration District No. *5-937a*

File No. *36573*
Registered No. *24* St. _____ Ward _____

2. FULL NAME

Paula Fern Craddock

(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

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Virgil Craddock*

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 21-1914*

8. AGE YEARS *24* MONTHS *6* DAYS *10* If LESS than 1 day, _____ hrs. or _____ min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housewife*

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. 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) *Adrian Ohio*

13. NAME *John E. Roberts*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Adrian Mo*

15. MAIDEN NAME *Paula Rush*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Polk Mo*

17. INFORMANT (ADDRESS) *Virgil Craddock*
Wapakoneta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Grove* DATE *Dec 2 1938*

19. UNDERTAKER (ADDRESS) *Nutchen Blue*
Bolivar Mo

20. FILED *10-13* 19 *38* *Mar 2* *Journal* Registrar *1-36*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-1-1938*

22. I HEREBY CERTIFY, That I attended deceased from *9-25* 19 *38* to *10-1* 19 *38*

I last saw him alive on *9/30* 19 *38*. Death is said

to have occurred on the date stated above, at *3:15 a.m.*

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

Parturition
Pulmonary embolism

Other contributory causes of importance: *1938*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *Doyle W. ...* M. D.
(Address) *Bolivar Mo*

RECEIVED

District Health Officer No. 7,

District File Number 7-38-402

Date Filed 11-14-30