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.

REC'D JAN 11 1939

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin
Township Catton Hill
City Malden (No. ..... St. ..... Ward)

Registration District No. 289
Primary Registration District No. 4173

File No. 42964
Registered No. 48

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2. FULL NAME Mildred Louise Paul
(a) Residence, No. Malden St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fen
4. COLOR OR RACE no
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10-1938
7. AGE YEARS MONTHS 10 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
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) Malden Mo

FATHER
13. NAME Luther A. Paul
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo

MOTHER
15. MAIDEN NAME Mona Humphrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Ky

17. INFORMANT (ADDRESS) Mr L. Paul Malden Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden DATE 11-14 1938
19. UNDERTAKER (ADDRESS) Craig Malden
20. FILED 11-14-1938 S E Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1938, to Nov 13 1938
I last saw her alive on Nov 13 1938 Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:
Diphtheria ..... Date of onset Nov 9

Other contributory causes of importance: ✓

Name of operation none Date of ✓
What test confirmed diagnosis? Dry Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Sugdon Caldwell M.D.
(Address) Malden

RECEIVED
District Health Officer No.
District File Number 38-24
Date Filed 12-16-38

Jan 10 1934