

REC'D FEB 20 1939

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

Do not use this space.

1211

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Precinct Registration District No.

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(s) Residence, No.

(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.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Wh.

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Kathryn Paulaud

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 6 - 1865

## 7. AGE

YEARS  
73

## MONTHS

11

## DAYS

10

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

## 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.

Contractor

## 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)

Paulaud Ill.

FATHER

## 13. NAME

Ruben Paulaud

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

Ky

MOTHER

## 15. MAIDEN NAME

Amanda Tanner

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

Cairo Ill.

## 17. INFORMANT (ADDRESS)

Kathryn Paulaud  
2401 E. 11th St.

## 18. BURIAL, CREMATION, OR REMOVAL PLACE

Forest Hill

DATE

Jan. 19, 1939

## 19. UNDERTAKER (ADDRESS)

Eylar Funeral Home  
75 E. 7th St.

## 20. FILED

Jan 18, 1939 M. M. Crowe  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan. 16, 1939

## 22. I HEREBY CERTIFY, That I attended deceased from

Jan 7, 1939 to Jan 16, 1939

I last saw him alive on Jan 16, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Chronic Myocarditis  
Aortic Regurgitation  
920

Date of onset

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

usual

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?

none

(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

(Signed)

J. B. Holts

M. D.

(Address)

1002 Maple 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.

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