

REC'D SEP 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Green Ridge
City Green Ridge (No. 15)

Registration District No. 664
Primary Registration District No. 4397

File No. 29890
Registered No. 16
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WHO OWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mayme Cox Paige
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 - 1873
7. AGE YEARS 66 MONTHS 4 DAYS 29 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Ridge Mo

FATHER 13. NAME M. V. B. Paige

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

MOTHER 15. MAIDEN NAME Mary Austin

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

17. INFORMANT (ADDRESS) Mar Mayme Paige

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge DATE Aug 12 1939

19. UNDERTAKER (ADDRESS) Ch. R. Shelley
Green Ridge Mo

20. FILED Aug 10 1939 Ch. R. Shelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1932 to Aug 10 1939
I last saw him alive on Aug 10 1939. Death is said to have occurred on the date stated above, at 6 A. m.

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

Angina Pectoris Date of onset 1/11/32

Other contributory causes of importance: 94

Name of operation _____ 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? No
If so, specify _____
(Signed) H. A. Hite M. D.

(Address) Green Ridge Mo.

RECEIVED
District Health Officer No. 8,
District File Number
9/5/39
Date Filed