

AUG 14 1940

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

24771

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 3 Registration District No. 104
(b) Township Fulton 8 Primary Registration District No. 3008
(c) City Fulton (d) Street No. State Hosp #1 Registered No. 174
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 2 mos. 11 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

640 Hezekiah Paul
(a) Residence, No. 6205 Wells Ave St. Wellston, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 70 2 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
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) Missouri13. NAME Hezekiah Paul14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Stark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) State Hosp #1 Records Fulton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE 7-9-4019. FUNERAL DIRECTOR (NAME) (ADDRESS) J. O. Roberts Columbia Mo20. FILED July 9, 1940 R. N. Cruise Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-40

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1940 to July 7, 1940.
I last saw him alive on July 7, 1940. Death is said to have occurred on the date stated above at 12:00 pm.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7-3-40
g & w

Other contributory causes of importance:
Bronchopneumonia = 7-6-40
Gen Arteriosclerosis =

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Findings 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) Thos. J. Ward, M. D.

(Address) State Hosp #1 Fulton Mo

4
2
2
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.

Social Security - None

RECORD - THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.