

FILED OCT 23 1940

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

32992

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775  
 (b) Township Marion Primary Registration District No. 6027 Registered No. 64  
 (c) City ..... (d) Street No. ....  
 (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 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Paula Delma Kellogg  
 (a) Residence, No. .... St.  Valley Mines, 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1921  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
18 10 13  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as saw mill, bank, etc. at her home  
 10. Date deceased last worked at this occupation (month and year) May 1940 11. Total time (years) spent in this occupation 11 1/2  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River, Mo.

FATHER 13. NAME Kellogg  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River, Mo.

MOTHER 15. MAIDEN NAME Frisida Myers  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County, Mo.

17. INFORMANT (ADDRESS) C. F. Boyd, Valley Mines  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE ..... DATE ..... 19  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Hawkins, 1698  
 20. FILED Sept 26, 1940 W. W. Hawkins  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from July, 1940, to September 25, 1940  
 I last saw her alive on Sept. 20, 1940. Death is said to have occurred on the date stated above, at 4:59 m.  
 The principal cause of death and related causes of importance were as follows:

Tuberculosis (Pulmonary) Date of onset 7/16/40

Other contributory causes of importance: None

Name of operation ..... Date of .....  
 What test confirmed diagnosis? X-ray chest 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) W. W. Hawkins M. D.  
 (Address) Bonne Terre, Mo.

**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.**