

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

Do not use this space.

36054
= 4454

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4428, Park Ave)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____ (Ward)

2. FULL NAME

Mrs. Florence M. Paul

(a) Residence. No. E. L. Pass, Japan 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. 1 mos. 1 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. (53) Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Cornelius O'Connor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Catherine Maloney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT W. J. O'Connor

(Address) 128 E. Elmwood

15. FILED 11-3-30 W. M. Coyne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1 1930

17. I HEREBY CERTIFY, That I attended deceased from _____ Oct. 1

Nov. 1, 1930, to Nov. 1, 1930
that I last saw him alive on _____ 19____, and that death occurred, on the date stated above, at _____ 10/30 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Caus Carcinoma involving all the
Flower abdomen, uterus, lower
bowel, Rectum
53E (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 46 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 8
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

8 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Geo. W. Perry M. D.

11/2 1930 (Address) 4428 Park

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Nov. 4 1930

20. UNDERTAKER W. N. Newcomer's Sons ADDRESS 21116 9th St.

Dr. H. M. Bennett
4428 Park
No. 1898
4-3-4