

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.

WHITE FORM WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

23698

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis - mo. (No. 63013)

Registration District No. 701
 Primary Registration District No. 1008

File No.
 Registered No. 7218
 St. Ward)

2. FULL NAME

Mattie Mills Paugh
 (a) Residence, No. 6970 Marquette St., 3 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF James R. Mills Paugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11 mo. 26th day 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>64</u>	<u>7</u>	<u>3</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) 2nd
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER George W Jackson

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

12. MAIDEN NAME OF MOTHER Ann Brown

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

14. INFORMANT Ruth McOrath
(Address) ISOLATION HOSPITAL

15. FILED UN 30, 1931
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 mo. 29 day 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-27 1931 to 6-29 1931
 that I last saw him/her alive on 6-29, 1931, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Crysipelas - Both legs
cause unknown
153 (duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) 15
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) L. F. Rousseau M. D.

.19 (Address) ISOLATION HOSPITAL

*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 North City Ill **DATE OF BURIAL** 7-2 1931

20. UNDERTAKER McLaughlin 1631 mo ave
 ADDRESS

