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

Do not use this space.

34279-1

1. PLACE OF DEATH

County: Iron — Registration District No.: 390 — File No.: 20

Township: Division — Primary Registration District No.: 4229 — Registered No.:

City: (No. 5345 St. Ward)

2. FULL NAME Not Named

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Fem	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-7-31

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
			3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Desarc Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Thos Paston

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

12. MAIDEN NAME OF MOTHER Lucy Wallace

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

14. INFORMANT
(Address)

15. FILED 12-11, 1931 B. E. Gunter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-10-1931

17. I HEREBY CERTIFY, That I attended deceased from 10-7, 1931, to 10-10, 1931 that I last saw him alive on 10-10-, 1931 and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spina Bifida

1570 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1570 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C S Jones, M. D
10-10, 1931 (Address) Bunch Mo.

*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	DATE OF BURIAL
Paston Country	10-11 1931
20. UNDERTAKER	ADDRESS

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.

DEC 22 1931