WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

3448

File No.

Registered No. 347

**1. PLACE OF DEATH**

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. 4459, Clarence Cor St. ..... Ward)

**2. FULL NAME** John W. Paddock

(a) Residence, No. 4459 Clarence Cor St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1870

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 62 | 11 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Moffitt Reidy Co

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) St. Louis

FATHER

13. NAME John Paddock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Engl

MOTHER

15. MAIDEN NAME Amelia Gibbens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

17. INFORMANT Mrs. Ella T. Paddock
(ADDRESS) 4459 Clarence Cor.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Jan. 11 1933

19. UNDERTAKER Mark Hennahy and Son
(ADDRESS) 2144 Franklin Ave

20. FILED JAN 10 1933 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 25th, 1932 to Jan 9th, 1933

I last saw him alive on Jan 9, 1933. Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Encephalitis | Jan 2 1933 |
| HA | |
| Coma | |
| TBD | HA |
| Other contributory causes of importance: | |
| Influenza Pneumonia | Dec 24th 1932 |

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical sign Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — 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) Joseph Davis, M. D.

(Address) Century Bldg.