FEB 15 1937

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

Do not use this space.

115

1. PLACE OF DEATH
County Bates — Registration District No. 50 — File No.
Township — Primary Registration District No. 3004 — Registered No. 4
City Butler (No. , St. Ward)

2. FULL NAME L. S. Paddock.
(a) Residence, No. St., Ward. 1
(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1849
7. AGE: YEARS 87 — MONTHS 10 — DAYS 4. — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer.
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) Morgan Co. Indiana

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

17. INFORMANT (ADDRESS) Elias Hoagland Burdett Kan
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Jan. 11. 1937
19. UNDERTAKER (ADDRESS) Culver's Butler Mo
20. FILED Jan. 11. 1937 Nina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8. 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 4th, 37, to Jan 8th, 37
I last saw him alive on Jan 8th, 1937. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset
Other contributory causes of importance:
Name of operation — Date of
What test confirmed diagnosis? Clin — 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) L. D. LaHue, M. D.
(Address) Butler, Mo

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.