

MAY 27 1937

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

Do not use this space.

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16811

1. PLACE OF DEATH

County *Linn*

Registration District No. *470*

Township

Primary Registration District No. *4283*

City *Waverly*

(No. _____)

File No. _____

Registered No. *59*

St. _____

Ward _____

2. FULL NAME *Jay Paschal*

(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 *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 26 - 1897*

7. AGE

YEARS *45*

MONTHS *0*

DAYS *4*

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *X*

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) *Verona Mo*
(STATE OR COUNTRY)

FATHER MOTHER

13. NAME *Edward Paschal*

14. BIRTHPLACE (CITY OR TOWN) *Indiana*
(STATE OR COUNTRY)

15. MAIDEN NAME *Marguerite Hest*

16. BIRTHPLACE (CITY OR TOWN) *Indiana*
(STATE OR COUNTRY)

17. INFORMANT *Thos Jay Patterson*
(ADDRESS) *127 Fernon mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Verona Mo* DATE *May 2 1937*

19. UNDERTAKER *Geo B Orr*
(ADDRESS) *127 Fernon mo*

20. FILED *4/30 - 1937* *PA Holmes*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 30 - 1937*

22. I HEREBY CERTIFY, That I attended deceased from *April 8* 19*37* to *April 30* 19*37*

I last saw him alive on *April 30* 19*37*. Death is

thought to have occurred on the date stated above, at *3:45 P* m.

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

Apoplexy

Date of on *4-8-*

Other contributory causes of importance: *See*

Name of operation *none* Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19*37*

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 _____

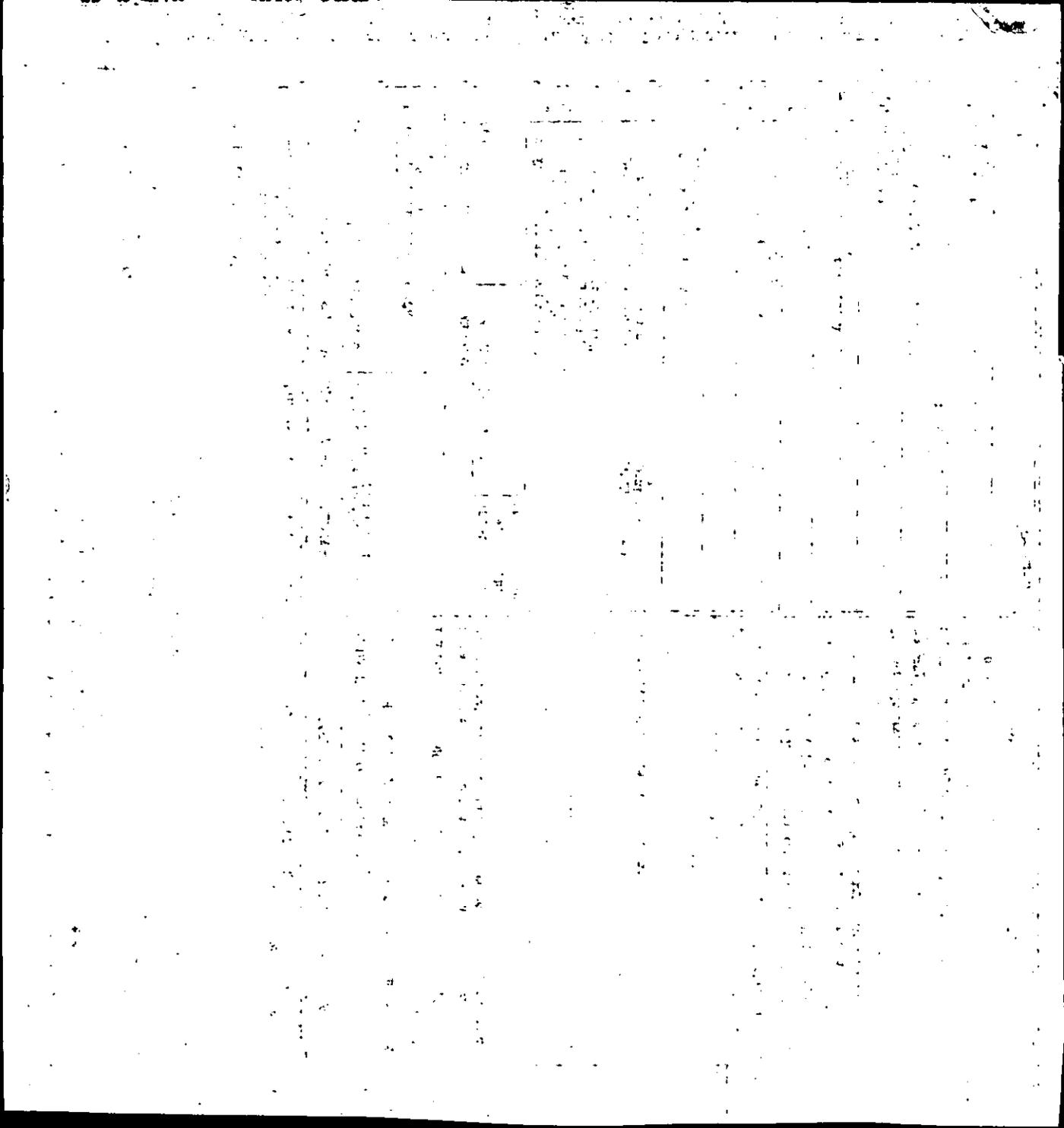
24. Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify _____

(Signed) *PA Holmes*, M. D.

(Address) *127 Fernon*

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence

Registration District No. 470

Township

Primary Registration District No. 4283

City Mt Vernon (No.)

File No. 16861

Registered No.

St. Ward)

2. FULL NAME

Roy paschal

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1937

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

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw h. alive on

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
	<u>45</u>	<u>0</u>	<u>4</u>	

to have occurred on the date stated above, at

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

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place.

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4-30-1937 P. A. Holmes Registrar.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. A. Holmes, M. D.

(Address) Mt Vernon Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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