

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

Do not use this space.

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②

1. PLACE OF DEATH

County Newton
Township Wentworth
City Wentworth (No.)

Registration District No. 608
Primary Registration District No. 5807

File No.
Registered No. 18 (Ward) ②

2. FULL NAME

William Nelson Paul

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 1904

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
24 | 1 | 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER John Lemble Paul

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

12. MAIDEN NAME OF MOTHER Crissie Thaidge

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

14. INFORMANT Crissie Thaidge
(Address) Wentworth

15. FILED 1938 W. N. Parnell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1938

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to July 10, 1938 that I last saw him alive on July 10, 1938 and that death occurred, on the date stated above, at July 10, 1938 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever

CONTRIBUTORY (SECONDARY)

18. WHEN WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Cardwell M. D.
, 19 (Address) Wentworth

*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 Newton DATE OF BURIAL July 11 1938

20. *UNDERTAKER Togus & Son

ADDRESS Wentworth

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.

