MAR 28 1930

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

Do not use this space.

2051

73

1. PLACE OF DEATH
County Newton
Township Franklin
City (No. St. Ward)
Registration District No. 608
Primary Registration District No. 5807
File No.
Registered No. 8

2. FULL NAME Robert Lee 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: Jennie Paul
6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 1 1866
7. AGE: Years 63, Months 9, Days 11. If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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: William H Paul
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known
14. INFORMANT: Jennie Paul
(Address) Stella Mo R 7 O
15. FILED March 1930 L N Pannell REGISTRAR

MEDICAL CERTIFICATE OF DEATH 12

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 13 1925 to Jan 12 1930 that I last saw him alive on Jan 12 1930 and that death occurred, on the date stated above, at 1 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Silicosis
1010
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) work in mines
(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) J. L. Edmondson, M. D.
(Address) Stella 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: Macedonia Cem
DATE OF BURIAL: Jan 13 1930
20. UNDERTAKER: Rogers Und Co
ADDRESS: Wheaton

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.