

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

Do not use this space.

13384

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
73 County Greentown  
Township Greentown  
City Greentown (No. \_\_\_\_\_)

Registration District No. 614  
Primary Registration District No. 5811

2. FULL NAME Lillie Angel Paden  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1932

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

17. I HEREBY CERTIFY, That I attended deceased from April 17 1932 to April 18 1932 that I last saw her alive on April 17 1932 and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Haemorrhage

6. DATE OF BIRTH (MONTH, DAY AND YEAR)  
7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.  
73 6 22

CONTRIBUTORY (SECONDARY) J. J. O'Neil (duration) \_\_\_\_\_ yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Wife of Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH (1)

9. BIRTHPLACE (CITY OR TOWN) Alton  
(STATE OR COUNTRY) Illinois 2

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

10. NAME OF FATHER Thomas McNeal

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. A. Russell M. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cork  
(STATE OR COUNTRY) Ireland 15

12. MAIDEN NAME OF MOTHER Julia Wilson

4-18-1932 (Address) Fairview 2nd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alton  
(STATE OR COUNTRY) Illinois 2

\*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.

14. INFORMANT Marie Taggart  
(Address) Fairview Missouri

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olive DATE OF BURIAL April 17 1932

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR

20. UNDERTAKER Ernest M. Denny 3566 Fairview ADDRESS \_\_\_\_\_

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

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C. B. Breen

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Newton  
Township newtown  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 614  
Primary Registration District No. 3811

File No. 92  
Registered No. 27

**2. FULL NAME**

Lillie Angel Paden

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 6 22

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

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

13. NAME Thomas M. Neal

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

15. MAIDEN NAME Julia Wilson

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

17. INFORMANT (ADDRESS) Marie Saggart Fairview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mc Olive DATE Apr 19 1932

19. UNDERTAKER (ADDRESS) Erling M. Hunsy 3566 Fairview Mo

20. FILED 5-8-1932 M.F. Palmer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 17 1932 to Apr 18 1932  
I last saw her alive on Apr 17 1932 Death is said to have occurred on the date stated above, at 7 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage

Other contributory causes of importance: \_\_\_\_\_  
Date of onset 24 hrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) S.A. Russell, M. D.  
(Address) Fairview Mo

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

SUPPLEMENTARY

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