SEP 27 1927

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

Do not use this space.
23936

1. PLACE OF DEATH
County: Cole
Registration District No. 213-
Primary Registration District No. 3014-
File No.
Registered No. 219-
Township
City: Jefferson City (No. ..... St. ..... Ward)

2. FULL NAME Emma Sexton

(a) Residence. No. 520 Jefferson St. St., Ward.
(Usual place of abode) Jefferson City (If nonresident give city or town and State)
Length of residence in city or town where death occurred 23 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	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Negro	widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Wm Henderson

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	7	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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) Gascande

PARENTS
10. NAME OF FATHER Wm Henderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Hallie Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs Pinnell
(Address) 520 Jefferson

15. FILED 8/16 1927. P. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 22 1927, to Aug 13 1927, that I last saw h... alive on Aug 13 1927, and that death occurred, on the date stated above, at 3:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrene right foot (Senile)
(duration) yrs. 5 mos. 6 ds.
CONTRIBUTORY (SECONDARY) General debility
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Don't Know
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. G. Richardson M. D.
8-16, 1927 (Address) Jefferson City, 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: City Cemetery
DATE OF BURIAL: 8-16 1927
20. UNDERTAKER: L. L. Hardiman
ADDRESS: 505 Monroe Jeff City Mo

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.