

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

Do not use this space.

15854
~~15584~~

1. PLACE OF DEATH

County Hepart Registration District No. 862
Township Burdine Primary Registration District No. 6135
City Cabool (No.) St. Ward)

File No.
Registered No. 12
St. Ward)

2. FULL NAME

Opal Beatrice Buxton
(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>8</u>	<u>10</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cabool
(STATE OR COUNTRY) Mo

10. NAME OF FATHER R. C. Buxton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newton Co
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Louise Radley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Douglas Co
(STATE OR COUNTRY) Mo

14. INFORMANT R. C. Buxton
(Address) Cabool Mo

15. FILED April 28 1928 A. W. Dool REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1928

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1928, to April 28, 1928, that I last saw her alive on Apr 27, 1928, and that death occurred, on the date stated above, at 1:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

119 Influenza
1928
H/O Meningitis
(duration) yrs. mos. da. 8
CONTRIBUTOR (SECONDARY) Meningitis
(duration) yrs. mos. da. 4

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. M. Coats, M. D.
, 19 (Address) Cabool 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 Cabool Cemetery DATE OF BURIAL April 27 1928

20. UNDERTAKER Gaylord I. Elliott ADDRESS Cabool

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.

