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

Do not use this space.

8511

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Stharris Mo (No. 1562a So 2nd ..... St. ..... Ward)

File No. .....

Registered No. 2177

2. FULL NAME Catherine Paxton

(a) Residence. No. 1562a So 2nd St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-11-1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	3	4	

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

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

PARENTS

10. NAME OF FATHER John Paxton

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

12. MAIDEN NAME OF MOTHER Nancy Hood

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

14. INFORMANT John Paxton
(Address) 1562a So 2nd St.

15. FILED FEB 16 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1929, to Feb 14, 1929 that I last saw h. a alive on Feb 14, 1929, and that death occurred, on the date stated above, at 3 15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Bronchopneumonia
Primary
9 S 1a (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cardiac Dilatation
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Daniel, M. D

2-15, 1929 (Address) 1321 So. Bdwy

*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 Valhalla Bur

DATE OF BURIAL 2-16 1929

20. UNDERTAKER Werck Bros

ADDRESS 2201 So Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.