JUN 25 1929 9939-1

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

Do not use this space.

9939-1

1. PLACE OF DEATH
County: Christian
Township: City
City: Ozark Mo (No. ..... St. ..... Ward)

Registration District No. 184
Primary Registration District No. 1110

File No. .....
Registered No. 18

2. FULL NAME: J. W. Claxman

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 17th 1858

7. AGE: Years 70 | Months 10 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(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): Missouri

PARENTS
10. NAME OF FATHER: William Claxman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Arkansas
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: Mrs. J. W. Claxman
(Address) Ozark, Mo.

15. FILED Apr 10 1929 Loretta M. Leonard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 9th 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 5th, 1929, to Mar 9th, 1929, that I last saw he alive on Mar 9, 1929, and that death occurred, on the date stated above, at 4 O'Clock P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Blue Pneumonia
IIA
..... (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Dr J Young, M. D.
Mch 10, 1929 (Address) Ozark 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: Ozark I.O.O.F. Cemetery
DATE OF BURIAL: March 11th 1929

20. UNDERTAKER: T. B. Chaffin
ADDRESS: Ozark, Mo.

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