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

Do not use this space.

12803

1. PLACE OF DEATH

County ..... Registration District No. 79T

Township ..... Primary Registration District No. 100

City St Louis (No. 1808, Texas Ave St. ..... Ward)

File No. .....

Registered No. 3342

2. FULL NAME Horace L. Croxton

(a) Residence. No. 1808 Texas St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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)
Male	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Viola Croxton.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 1867.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62.	----	28.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Warsaw
(STATE OR COUNTRY) Ind

PARENTS

10. NAME OF FATHER Un Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Un Known

12. MAIDEN NAME OF MOTHER Un Known

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

14. INFORMANT Mrs Viola Croxton
(Address) 1808 Texas Ave

15. FILED MAR 18 1929 Max C. Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16. 1929.

17. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1929, to March 16, 1929, that I last saw him alive on March 16, 1929, and that death occurred, on the date stated above, at 6. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pharynx

45 F (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) 44 [illegible] (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) H M Kinner, M. D

Mar 17, 1929 (Address) 2134 Gravois Ave

*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	DATE OF BURIAL
Warsaw Ind	March 18 29

20. UNDERTAKER	ADDRESS
Allen W. McLaughlin	1631 Missouri

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

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