JUN 24 1930

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

Do not use this space.

15354

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 573

City St.Joseph. (No. Mo. Meth. Hospt. St. Ward)

2. FULL NAME Ora L.Paxton

(a) Residence. No. 6320 Belding St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec.16,1907.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
	22	4	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Checker.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St.Joseph..Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George A.Paxton,

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

12. MAIDEN NAME OF MOTHER Ida Howard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Schuyler Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Ida E. Paxton
(Address) 6320 Belding St.

15. FILED MAY 12 1930 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Viewed on ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 1:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injuries received in an explosion at Armpur Packing Co. Cause of Explosion unknown

194B (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) 202 (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) B.W. Tadlock Coroner, M. D.

5/11, 1930 (Address) St Joseph 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 Memorial Park Cem. — DATE OF BURIAL May12, 1930 19

20. UNDERTAKER Fred D Clark — ADDRESS 5025 King...

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD