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.

AUG 26 1930

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

Do not use this space.
21565
~~21266~~

File No.
Registered No.

1. PLACE OF DEATH
County SALINE — Registration District No. 798
Township SALTFORK — Primary Registration District No. 6041
City NAPTON (No. ... St. ... Ward)

2. FULL NAME ENOCH AXTON
(a) Residence. No. NAPTON MO. St., COUNTY Ward. (Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 35 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 LAURA AXTON

6. DATE OF BIRTH (month, day and year) JAN. 5 1851

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
79	5	15	

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

9. BIRTHPLACE (city or town) ST. OF ILL.
(State or country) DO NOT KNOW TOWN

PARENTS
10. NAME OF FATHER LIVI AXTON
11. BIRTHPLACE OF FATHER (city or town)
(State or country) DONT KNOW
12. MAIDEN NAME OF MOTHER DONT KNOW
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) DONT KNOW

14. Informant Wilbur Horton
(Address) Napton Mo.

15. Filed 7/30, 1930 Mrs Hall Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) June 21, 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1930, to June 21, 1930 that I last saw h[illegible] alive on June [illegible], 1930 and that death occurred, on the date stated above, at 11 30 P.m.

The CAUSE OF DEATH* was as follows:
Enlarged prostate gland with numerous complications
137 (duration) probably several years

CONTRIBUTORY (SECONDARY) 135 (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) R W Stouffer, M. D.
, 19 (Address) Napton 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 Marshall Mo — DATE OF BURIAL 6-23-1930
20. UNDERTAKER L. M. Nelson — ADDRESS Nelson, Mo