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

Do not use this space.

18797

1. PLACE OF DEATH
County Nodaway
Township Hughes
City ..... (No. ..... St. ..... Ward)

Registration District No. 622
Primary Registration District No. 5820

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

2. FULL NAME James Harmon Sexson
(a) Residence No. RFD #2, Skidmore St., Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

JUN 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
1. Martha Hagen
2. Sarah Elizabeth Halsa

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8, 1838

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
93	3	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer, retired
(b) General nature of industry, business, or establishment in which employed (or employer): 20 years
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Salisbury
(STATE OR COUNTRY) Green County, Indiana

PARENTS
10. NAME OF FATHER Lemuel Sexson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Nancy .....
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Elwood Shinabarger
(Address) RFD #2, Skidmore, Mo.

15. FILED 5-28-1931 Mrs E. L. Morgan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1931

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary sclerosis
94B
94A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Angina pectoris
(duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1119 East 4th St., Maryville, Mo.
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Chas. D. Humbert M.D. M. D
5/23, 1931 (Address) Coroner, Nodaway Co., 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: Workman Chapel
DATE OF BURIAL: 5/25 1931

20. UNDERTAKER: Jas. B. Cummins
ADDRESS: Maryville, Mo