

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.

001 24 1034

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31885

1. PLACE OF DEATH

County Mercer
Township Morgan
City Princeton (No. _____)

Registration District No. 556
Primary Registration District No. 4328

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Byron Axtell Jr

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF son of Mr + Mrs Byron Axtell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22-1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 10 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Mo

13. NAME Byron I. Axtell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

15. MAIDEN NAME Emelby A. Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Mo

17. INFORMANT (ADDRESS) Byron I. Axtell
Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE 9-23 3/19

19. UNDERTAKER (ADDRESS) Martin Funeral Home
Princeton Mo

20. FILED 9/22 1931 J M Perry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1931, to same, 1931.
I last saw him alive on Sept. 22, 1931. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Premature birth
same at 7th month gestation
159
150
Other contributory causes of importance:
under developed

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E C Petermeyer DB
9/22-31 (Address) Richville, Mo

