WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 22 1931

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

Do not use this space.

38036

1. PLACE OF DEATH
County Jasper Duval
Township ~~Dubaugh~~
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 412
Primary Registration District No. 5570

File No. .....
Registered No. 7

2. FULL NAME Israel C Paxsson
(a) Residence, No. Oronogo #1 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1866

7. AGE: YEARS 65 | MONTHS 10 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Clinton Co. Ohio

FATHER
13. NAME Wm Paxsson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Ruth Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsville Ohio

17. INFORMANT (ADDRESS) Mrs. Laura Strong Oronogo Mo #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paradise Cem DATE 11-11 1931

19. UNDERTAKER (ADDRESS) Ulmer - Drake Carthage Mo

20. FILED 11/16 1931 Charles E Scafe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug first 1931 to Nov 8 1931
I last saw him alive on Nov 8 1931 Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:

Valvular disease
D Heart
92A

Date of onset

Other contributory causes of importance:

92A

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) V H Hendricks, M. D.
(Address) Jasper Mo