

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

Do not use this space.

151

**1. PLACE OF DEATH**

County Boone Registration District No. 78  
Township Prissouri Primary Registration District No. 4046  
City Roskport (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>Negro</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <u>Married</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED</b> HUSBAND OF (OR) WIFE OF <u>Kate Sexton</u>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>8-12-1873</u>				
<b>7. AGE</b>	<b>YEARS</b> <u>58</u>	<b>MONTHS</b> <u>5</u>	<b>DAYS</b> <u>-</u>	<b>If LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Janitor 236</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>Kentak Bldg</u>			
	<b>10. Date deceased last worked at this occupation (month and year)</b> <u>July 1930</u> <b>11. Total time (years) spent in this occupation</b> <u>8</u>			
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Boone County Missouri</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>Jefferson Sexton</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Boone County Missouri</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Dont Know</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Dont Know 31</u>			
<b>17. INFORMANT (ADDRESS)</b> <u>Kate Sexton Roskport Missouri</u>				
<b>18. BURIAL, CREMATION OR REMOVAL</b> PLACE <u>Roskport Mo.</u> DATE <u>1-17 1932</u>				
<b>19. UNDERTAKER (ADDRESS)</b> <u>Stewart Parker Columbia Missouri</u>				
<b>20. FILED</b> <u>1-19 1932</u> <u>Mary M. Angell Registrar</u>				

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 1-12-1932

**22. I HEREBY CERTIFY, That I attended deceased from** Oct 10 1930, 1930, to Jan 12, 1932  
I last saw him alive on Jan 5, 1932 Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Parenchymatous Nephritis Date of onset  
131  
131

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? urine Was there an autopsy? W

**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 \_\_\_\_\_ 1

**24. Was disease or injury in any way related to occupation of deceased?** W  
If so, specify \_\_\_\_\_  
(Signed) M. C. Angell, M. D.  
(Address) Roskport Mo.

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.

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

10-5-1  
1932

