

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

Do not use this space.

16322

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City K.C. Mo. (No. 6004 Agnes Ave)

File No. _____
Registered No. 2115
St. _____ Ward _____

2. FULL NAME

Clinton Lovell Paxton
(a) Residence, No. 6004 Agnes K.C. Mo. St., 16 Ward. (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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Paxton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4, 1868</u>		
7. AGE <u>64</u>	YEARS <u>15 1/2</u>	MONTHS <u>1</u>
DAYS <u>20</u>		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	<u>173</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grocery</u>	
	10. Date deceased last worked at this occupation (month and year) <u>2 yrs</u>	11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>		
FATHER	13. NAME <u>Clinton Lamm Clinton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>	
	15. MAIDEN NAME <u>Dont know</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. V.C. Miller</u> <u>6004 Agnes K.C. Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> , DATE <u>May 26, 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Ott & Mitchell</u> <u>Independence Mo.</u>		
20. FILED <u>May 26, 1932</u> <u>M. M. Crowe</u> <u>Registrar</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1932

22. I HEREBY CERTIFY That I attended deceased from Oct 37, 1931, to Dec 28, 1931, 1932
I last saw him alive on Dec 28, 1931. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic myocardial insufficiency
arterial hypertension
Cerebral hemorrhage
Date of onset _____
Other contributory causes of importance:
104 1310
Name of operation None Date of _____
What test confirmed diagnosis clinical 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? _____
If so, specify _____
(Signed) Joseph P. Owen M. D.
(Address) Independence Mo.

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.

