

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.

JUN 23 1932

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

Do not use this space.

19397

1. PLACE OF DEATH
 #8 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Independence, Mo. (No. Fairmount, Park Near Boat House. St. _____ Ward _____)

File No. _____
 Registered No. 199

2. FULL NAME Arch Paxton
 (a) Residence, No. _____ St. _____ Ward Milton Sta.-Parkville, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (or) WIFE OF <u>Margret Paxton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9 - 25 - 1879</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>8</u>
	DAYS <u>18</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 172</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Kitchen Appliances</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	
	11. Total time (years) spent in this occupation <u>Unknown</u>	

12. BIRTHPLACE (CITY OR TOWN) Orrick
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Paxton

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Susan Taylor

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Stella Harding
 (ADDRESS) 610 W. Maple, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Line Creek Platte COUNTY County DATE 6-15-32

19. UNDERTAKER H. W. Stahl
 (ADDRESS) 815 W. Maple, Indep. Mo.

20. FILED June 15, 1932 J. H. Cook
 Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13 1932

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Group Multiple Fractures of Skull
167 10/7 1
 Date of onset
 Other contributory causes of importance:
Gun Shot Wound (Suicidal)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury 6/13, 1932
 Where did injury occur? Fairmount, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Suicidal - Gun Shot Wound
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) [Signature] M. D.
 (Address) [Signature]

