

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

Do not use this space.

29514
3692

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township _____ Primary Registration District No. _____
 City Kansas City, Mo. No. Mercy Hospital St. _____ Ward) _____

2. FULL NAME Bartholomew Sexton
 (a) Residence, No. Fairmount, K.C. Mo. 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27-1928</u>		
7. AGE YEARS <u>4</u>	MONTHS <u>5</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Atchafalpa, Missouri</u>		
13. NAME <u>Floyd Sexton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay County, Missouri</u>		
15. MAIDEN NAME <u>Naomi Taylor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>East Springs, Kansas</u>		
17. INFORMANT (ADDRESS) <u>Floyd Sexton, 1132 North Glenwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Washington</u> DATE <u>Oct. 1st</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Garson Funeral Home, Independence, MO</u>		
20. FILED <u>10/1</u> <u>1932</u> <u>M. M. Crowe</u> <u>act Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1932, to 9-29, 1932
 I last saw her alive on 9-29, 1932. Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Bronch.
W. Hooping Cough

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? _____
 If so, specify _____
 (Signed) H. M. Gilkey, M. D.
 (Address) _____

MARGIN RESERVED FOR BINDING. 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.

