

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

Do not use this space.

34816

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. Sisters Hospital)

File No. _____

Registered No. 1081

St. _____ Ward _____

2. FULL NAME

Calvin Donald Saxon

(a) Residence, No. Route # 4

St. _____

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Student

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

November 19, 1921

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

10

11

21

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

St. Joseph, Missouri

FATHER

13. NAME

Cyrus Saxon

MOTHER

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

St. Joseph, Missouri

15. MAIDEN NAME

Ruth Hoge

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

Equinhamt, Kansas

17. INFORMANT (ADDRESS)

Cyrus Saxon, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland

DATE Nov. 12, 1932

19. UNDERTAKER (ADDRESS)

Fleming Funeral Home, Inc., St. Joseph, Mo.

20. FILED

11-12-32

John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

November 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 to Nov 10, 1932

I last saw him alive on Nov 10, 1932 Death is said to have occurred on the date stated above, at 4:35 p.m.

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

Lobar pneumonia
59
108
5
11

Date of onset

11/6/32

Other contributory causes of importance:

Diabetes Mellitus 2 yrs

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? No

If so, specify _____

(Signed) Carl Drayson, M.D.

(Address) 218 Park Street

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

100
100
100