

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.

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

Do not use this space.

1. PLACE OF DEATH  
48 County JACKSON Registration District No. 399  
10 Township KAW Primary Registration District No. 1002  
9 City KANSAS CITY (No. 816-EAST-ARMOUR) St. 12 (RD) Ward

2. FULL NAME SAMUEL ERNEST SEXTON  
(a) Residence, No. 816-EAST ARMOUR St., 6 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 45 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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) MRS. THERESA LUCILLE SEXTON		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL - 8 - 1861		
7. AGE YEARS MONTHS DAYS 71 8 26	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED	
	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) CINCINNATI (STATE OR COUNTRY) OHIO		
FATHER	13. NAME DR. SAMUEL SEXTON	
	14. BIRTHPLACE (CITY OR TOWN) OHIO (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME SARAH P. STEVENS	
	16. BIRTHPLACE (CITY OR TOWN) OHIO (STATE OR COUNTRY)	
17. INFORMANT MRS. THERESA L. SEXTON (ADDRESS) 816-EAST ARMOUR		
18. BURIAL, CREMATION, OR REMOVAL PLACE NEWCOMER'S VAULTS DATE JANUARY-6-1933		
19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111-EAST-9TH ST.		
20. FILED 1-4 1933 m.m. Crowe asst. Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1932, to Jan 4 1933  
I last saw him alive on Jan 4 1933. Death is said to have occurred on the date stated above, at 946 a.m.  
The principal cause of death and related causes of importance were as follows:  
Broncho pneumonia Date of onset 12/28/33  
107A  
107A  
Other contributory causes of importance:

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

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 P.T. Bohanck (R.E. Castelow), M. D.  
(Signed) \_\_\_\_\_  
(Address) Medical Arts Building

