

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

Do not use this space.

1. PLACE OF DEATH
 114 County Wright Registration District No. 906
 Townshp Barton Primary Registration District No. 6224
 City (No. _____) St. _____ Ward _____

2. FULL NAME Dudley L. Blaxton
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 8342
 Registered No. 4

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 Belle Blaxton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12th 1857

7. AGE YEARS 75 MONTHS 9 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
 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) Greene County Missouri

FATHER
 13. NAME Anderson Blaxton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
 15. MAIDEN NAME Eliza Harrison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT H. L. Blaxton
 (ADDRESS) Hartsville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Cem. DATE Feb. 13th 1933

19. UNDERTAKER T. A. Stalls
 (ADDRESS) Main St. Hartsville, Mo.

20. FILED Mar 4 1933 Mabel Bear
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1933

I HEREBY CERTIFY, That I attended deceased from Jan 3 1933, to Feb 12 1933
 I last saw him alive on Feb 10 1933. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:
Influenza Date of onset 12-22 1932
Pulmonary Abscess 1-15 1933

Other contributory causes of importance:
11A
11B 11C

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) J. P. Mott, M. D.
 (Address) Hartsville Mo.

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

WHITE COPY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1933

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