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.

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

Do not use this space.

36641

1. PLACE OF DEATH

County JACKSON — Registration District No. 399 — File No. —

Township KAW — Primary Registration District No. 1002 — Registered No. 4564

City KANSAS CITY (No. 3240-EAST-7TH St. Ward)

2. FULL NAME MRS. CARRIE L PAXTON

(a) Residence, No. 3240-EAST-7TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOHN W. PAXTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-29-1868

7. AGE: YEARS 65 — MONTHS 8 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) ILLINOIS

FATHER

13. NAME NATHAN W. COLE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MICHIGAN

MOTHER

15. MAIDEN NAME GARRIE PALMER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

17. INFORMANT MRS. BARCLAY MOORE (ADDRESS) 3240-EAST-7TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE NOVEMBER-22, 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111-EAST-9TH ST.

20. FILED Nov. 21, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1933, to Nov. 20, 1933

I last saw her alive on Nov. 20, 1933. Death is said to have occurred on the date stated above, at 8:45 P.m.

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

Cerebral Hemorrhage — Date of onset Aug 4-33

Other contributory causes of importance:

Arterial Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? physical findings — 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) Mary J Lower, M. D.

(Address) 4116 Walnut St. City

4116 Walnut St.
1:30 P.M.