

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

Do not use this space.

APR 25 1934

File No. **10072**

1. PLACE OF DEATH
 County Walls Registration District No. 726
 Township New London Primary Registration District No. 10072
 City New London (No. New London) St. Walls Ward

2. FULL NAME Chas H Poin Dexter
 (a) Residence, No. New London 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Poin Dexter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-22-1856</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>2</u>
	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Preacher</u>	
	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) <u>Key</u>		
FATHER	13. NAME <u>Edmond Poin Dexter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Key</u>	
MOTHER	15. MAIDEN NAME <u> </u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Mary Poin Dexter</u> (ADDRESS) <u>New London</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremated</u> DATE <u>3-27</u> 19 <u>34</u>		
19. UNDERTAKER <u>Geo E Roberts</u> (ADDRESS) <u>New London Mo</u>		
20. FILED <u>Walls</u> 19 <u>34</u> <u>W Eagan</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24 1934

22. I HEREBY CERTIFY, That I attended deceased from mch 2 1934 to mch 24 1934
 I last saw him alive on mch 15 1934 Death is said to have occurred on the date stated above, at 9 a m.
 The principal cause of death and related causes of importance were as follows:
Nephritis
Cystitis
Emphysema
 Other contributory causes of importance 132A
 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? No
 If so, specify
 (Signed) H P Waters M. D.
 (Address) New London 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.

