

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township North
City Hartsville (No. 1)

Registration District No. 906
Primary Registration District No. 4547

File No. 28126
Registered No. 24
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(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>M</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>Emma Claxton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16, 1853</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>0</u>
	DAYS <u>26</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>Farmer</u>	11. Total time (years) spent in this occupation <u>120</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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
MOTHER	13. NAME <u>Anderson Claxton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
	15. MAIDEN NAME <u>Jane H. Claxton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT <u>Aella M. Bean</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hartsville, Tenn</u> DATE <u>7/13</u> 115X		
19. UNDERTAKER <u>Tom Bouldin</u>		
20. FILE NO. <u>43</u> <u>3</u> <u>Calycr Collins</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1934

2. I HEREBY CERTIFY that I attended deceased from Jan 1st 1934 to July 12th 1934

I last saw him alive on July 12, 1934. Death is said to have occurred on the date stated above, at 10:50 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Secondary to Cholera Bowels (Date of onset 13/1)

Other contributory causes of importance:
Nemia

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?
If so, specify _____
(Signed) J. H. Russell, M. D.
(Address) Hartsville

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.

AUG 16 1934

NO 22 20

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