

OCT 11 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County DunklinRegistration District No. 2895406File No. 32428Township JudPrimary Registration District No. 472

Registered No. \_\_\_\_\_

City Kennett (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Arthur A. Sexton

(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>white</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>Walter Williams Sexton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26-1877</u>		
7. AGE	YEARS <u>57</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>40</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>merchand</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 1-1934</u>	

12. BIRTHPLACE (CITY OR TOWN) Lapeer Co. -  
(STATE OR COUNTRY) June13. NAME John Sexton14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)17. INFORMANT Shirley Sexton  
(ADDRESS) Kennett, Mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Ridge DATE Sept 23 3419. UNDERTAKER Baldwin Funeral Home  
(ADDRESS) Kennett, Mo20. FILED 10-3 1934 Thurman Davis  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21 193422. HEREBY CERTIFY, That I attended deceased from Oct 1933 to Sept 21 1934I last saw him alive on Sept 20 1934 Death is said to have occurred on the date stated above, at 6 a m.

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

Carcinoma of stomach Date of onset Sept 1933

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) George E. Gibson, D. M. D.(Address) Kennett Mo

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.

