

NOV 13 1934

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

Do not use this space. FRB

37675

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis, Mo.** (No. **Barnes Hospital**)

File No.....

Registered **10122**

St. .... Ward)

2. FULL NAME **Ella Harrison Sexton**(a) Residence, No. **520 Westgate** St. **RP** Ward. **U. City, Mo.**  
(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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thomas Floyd Sexton**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 9, 1884**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
	50	---	7	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	Housewife
	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)..... **Kansas.**  
(STATE OR COUNTRY)13. NAME **---Harrison.**14. BIRTHPLACE (CITY OR TOWN)..... **Ky.**  
(STATE OR COUNTRY)15. MAIDEN NAME **Sarah E. Robbins**16. BIRTHPLACE (CITY OR TOWN)..... **Virginia**  
(STATE OR COUNTRY)17. INFORMANT **Howard Sexton**  
(ADDRESS) **520 Westgate**18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **Oct. 18, 1934**19. UNDERTAKER **Phil M. Craig**  
(ADDRESS) **4408 Washington Blvd.**20. FILED **Nov 18 1934** **Joe J. Bredeck**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-16-1934**22. I HEREBY CERTIFY, That I attended deceased from **10-14-1934** to **10-16-1934**I last saw h. **U.** alive on **10-16-1934** Death is saidto have occurred on the date stated above, at **U. City, Mo.**

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

Date of onset

**Acute Ascending Paralysis or Bulbar Paralysis known as "Landry's" Paralysis** 11-13-39

Other contributory causes of importance:

**HT Hypertension**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**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) **T. G. Drake**, M. D.(Address) **Barnes Hosp.**

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.

