6

FEB 25 1935

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

Do not use this space.

1034

1. PLACE OF DEATH
County Henry
Township ~~Clinton~~
City Clinton (No. ..... St. ..... Ward)
Registration District No. 347
Primary Registration District No. 3018
File No.
Registered No. 84

2. FULL NAME Delmar Basil Paxton
(a) Residence, No. Corner Water & Clinton 3 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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iva Paxton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1904
7. AGE YEARS 30 MONTHS 7 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanging
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) Cumberland Maryland

FATHER
13. NAME David Paxton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Ollie Shull
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT (ADDRESS) Mrs D B Paxton Clinton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood Cem DATE 1/18 1935
19. UNDERTAKER (ADDRESS) Consoling & Peck Clinton Mo
20. FILED 2-2 1935 J. R. Hankston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1935, to Jan. 17, 1935
I last saw him alive on Jan. 16, 1935 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:

	Date of onset
Lobar Pneumonia	Jan 8/35

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Clinical 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) S. B. Hughes, M. D.
(Address) Clinton, 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.