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.

DEC 19 1935

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

Do not use this space.

36557

1. PLACE OF DEATH
County Lawrence — Registration District No. 470 — File No.
Township Mt Vernon — Primary Registration District No. 5693 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME R. A. Paxton
(a) Residence, No. ..... St., ... Ward. Hume 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs R. A. Paxton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 27, 1888

7. AGE: YEARS 47 — MONTHS 3 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Metz Mo.

FATHER
13. NAME: Adolph D. Paxton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: George B Amick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boonville Mo.

17. INFORMANT (ADDRESS): Deceased.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hume Mo DATE Nov 12, 1935

19. UNDERTAKER (ADDRESS): Philips & Fossett Mt Vernon

20. FILED Nov. 12 1935 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1935, to Nov 12, 1935
I last saw him alive on Nov 11, 1935. Death is said to have occurred on the date stated above, at 1:23 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1929

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Sputum 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? .....
If so, specify No
(Signed) J. A. Stacker, M. D.
(Address) Mt Vernon Mo