

DEC 18 1936

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

Do not use this space.

File No. 40647
Registered No. 38

1. PLACE OF DEATH
 County Cass Registration District No. 157
 Township Pleasant Hill Primary Registration District No. 5221
 City Pleasant Hill (No.) St. Ward

2. FULL NAME George Tarleton Tuxton
 (a) Residence, No. St. Ward
 (Usual place of abode)
 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mazie Tuxton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 4

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.
 10. Date deceased last worked at this occupation (month and year) on day 11. Total time (years) spent in this occupation Life

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Ky
 13. NAME William Tuxton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER
 15. MAIDEN NAME Margaret Harris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mazie Tuxton Pleasant Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Nov 11, 1936

19. UNDERTAKER (ADDRESS) Brownfield, Belcher Pleasant Hill, Mo

20. FILED Nov-11-1936 Mrs. Etta M. Aldridge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1936, to Nov. 9, 1936. I last saw him alive on Nov. 9, 1936. Death is said to have occurred on the date stated above, at 9:30 P.M.. The principal cause of death and related causes of importance were as follows:
Coronary obstruction. Date of onset

Other contributory causes of importance:
Topic condition which developed in stomach.

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) A. V. Baldern, M. D.
 (Address) Pleasant Hill, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

140

85

7

242.16

~~1.16 Tax~~

~~258~~

243.16

5

232

116

1.21

6 3 6

58

110

1