FEB 17 1937

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

Do not use this space.

1429

220

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo. (No. 317 S. Hardesty St. Ward)

File No.
Registered No.

2. FULL NAME John Luxton
(a) Residence, No. 317 S. Hardesty 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Ann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 4, 1860

7. AGE: YEARS 77 — MONTHS 0 — DAYS 8 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 226
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Duff & Repp Furniture Co.
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): England

FATHER
13. NAME: John Luxton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. Mary Ann Luxton, 317 S. Hardesty, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan. 14-37, 19

19. UNDERTAKER (ADDRESS): C.H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.

20. FILED Jan 14, 1937 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1935, to Jan 12, 1937
I last saw him alive on Jan 12, 1937. Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of the rectum | |
| Uremia | 1-1-37 |

Other contributory causes of importance: 46

Name of operation: None — Date of
What test confirmed diagnosis? — 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
(Signed) A H Wall, M. D.
(Address) 8236 Windsor Ave

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.