

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

Do not use this space.

MAY 15 1937

15159

1. PLACE OF DEATH

County Jackson

Registration District No. 309

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. 4136 Tracy)

File No. 1205

Registered No. _____

St. _____ Ward _____

2. FULL NAME Lafayette Ward Axton

(a) Residence, No. 4136 Tracy St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Audrey Anna Axton

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:00 Noon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1868

Principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 6 20

Coronary atherosclerosis Date of onset _____

Chronic bilateral myocarditis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian Forest Ave. Baptist Church

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ave. Baptist Church

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

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo.

13. NAME Unknown Axton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT James Herbert Axton (ADDRESS) 4136 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE April 22, 1937

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS) _____

20. FILED 4-10-37 M.M. Crowe Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy _____

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 of injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) _____, M. D.

(Address) _____

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

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Attest
[Signature]
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