MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85 — File No. 15767

Township ~~WASHINGTON~~ — Primary Registration District No. 1001 — Registered No. 472

City ST. JOSEPH (No. ST. JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME CLEO SEXTON JR.

(a) Residence, No. 2124 BARTLETT St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 8TH. 1927

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) ST. JOSEPH MO.

FATHER

13. NAME CLEO. SEXTON (DEC.)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CHELSEY OKLA.

MOTHER

15. MAIDEN NAME JULIA WILLIA MS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MO.

17. INFORMANT (ADDRESS) MRS. C.H. SINGLETON 2124 BARTLETT ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hudson DATE April 22, 37

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 CALHOUN ST. JOSEPH, MO.

20. FILED Apr 20, 1937 H J Nestlefach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 18TH. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19th 1937, to viewed, 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 4.35P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Injuries received when he ran in front of train at 5th & Sycamore Sts # St Joseph, as a pedestrian	
Other contributory causes of importance: none	235

207M

Name of operation yes Date of 4/17 37

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/17, 1937

Where did injury occur? St Joseph Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public place

Manner of injury ran over by train

Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B.W. Tadlock Coroner, M. D.

(Address) St Joseph, Mo,

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.