

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

Do not use this space.

JUN 29 1937

21354

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123
 Township Carendelet Primary Registration District No. 6248B
 City Jefferson Barracks (No. Vets. Adm. Fac.) St. _____ Ward _____

File No. _____
 Registered No. 200

2. FULL NAME Wayman CROXTON

(a) Residence, No. 2650 La Salle Street St. _____ Ward Saint Louis, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. Unkn. 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jennie Croxton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 27, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 45 7 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
 10. Date deceased last worked at this occupation (month and year) About 1919 ? 11. Total time (years) spent in this occupation _____ ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville, Mississippi

FATHER
 13. NAME Rueben Croxton

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

MOTHER
 15. MAIDEN NAME Ella Jacobs

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

17. INFORMANT (ADDRESS) Clinical Clerk M. Schullig VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jeff Barracks DATE 5-14 1937

19. UNDERTAKER (ADDRESS) A. Russell Co 2732 Pine St

20. FILED May 11 1937 H. Maury Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937 to May 11, 1937

I last saw him alive on May 11, 1937. Death is said to have occurred on the date stated above, at 2:45A m.

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

Asthma, bronchial, with severe Emphysema and terminal broncho-pneumonia. Date of onset Unkn.

Other contributory causes of importance: None

Name of operation: None Date of _____
 Autopsy findings _____ 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) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF Jefferson Barracks, 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.

1001-1182