

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.

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Johnson Registration District No. 431 File No. 37996
 Township Warrensburg Primary Registration District No. _____ Registered No. _____
 City Warrensburg (No. _____) St. _____ Ward _____

2. FULL NAME Leamel Hershel Saxton

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Ella Saxton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 0 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Mail
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carrier
 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) Johnson Co, Mo

13. NAME D. H. Saxton

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

15. MAIDEN NAME Mary McMillen

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

17. INFORMANT Mr. Ella Saxton (ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mineral Brook DATE 10-18-1937

19. UNDERTAKER R. A. Braunniger (ADDRESS) Warrensburg, Mo.

20. FILED Oct. 27, 1937 Eva Denton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1937 to Oct. 16, 1937

I last saw him alive on Oct. 16, 1937 Death is said to have occurred on the date stated above, at 0:59 p.m.

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

Septicemia (Date of onset _____)
(Staphylococcus)
 Other contributory causes of importance: 1220
Acute Pyelonephritis

Name of operation none Date of _____
 What test confirmed diagnosis: blood culture 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) R. Lee Cooper, M. D.
 (Address) Warrensburg, Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

37996
Do not use this space.

1. PLACE OF DEATH
 (a) County Johnson Registration District No. 431
 (b) Township _____ Primary Registration District No. 3023 Registered No. _____
 (c) City Warrensburg (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lemuel Herschel Saxton
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Elle Saxton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 34 0 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. P. P. mail
 9. Industry or business in which work was done, as saw mill, bank, etc. carrier
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1937
 22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1937 to Oct 16 1937
 I last saw him alive on Oct 16 1937. Death is said to have occurred on the date stated above, at 6:05 p.m.
 The principal cause of death and related causes of importance were as follows:
Septicemia
Streptococcus
 Other contributory causes of importance acute Pyelonephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson co mo
 FATHER 13. NAME D. H. Saxton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Mary McMillin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT (ADDRESS) Mrs Elle Saxton
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mineral Creek DATE 10-18 1937
 19. FUNERAL DIRECTOR (ADDRESS) P. G. Branninger
Saxton mo
 20. FILED Oct 27 1937 Eva Gentry Local 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 or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) P. Lee Cooper, M. D.
 (Address) Warrensburg 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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