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.

REC'D MAR 23 1938

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

Do not use this space.

7749

1. PLACE OF DEATH
County Pettis
Registration District No. 668
File No. ~~56~~ 55
Township
Primary Registration District No. 3032
Registered No. 668
City Sedalia (No. 26+ Ingram St. Ward)

2. FULL NAME Robert Earle Paxton 235
(a) Residence, No. 26+ Ingram 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

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: Maude Paxton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9 - 1891
7. AGE: YEARS 46 MONTHS 10 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.: Laborer
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): Pettis Co. Mo. 0

FATHER
13. NAME: Tom Paxton 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do Not Know 0

MOTHER
15. MAIDEN NAME: Do Not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs Maude Paxton Sedalia
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Feb 9 1938
19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia Mo
20. FILED 2-8- 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1938, to Feb 7, 1938
I last saw him alive on Feb 4, 1938 Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

Apoplexy 131 — Date of onset: Feb 4

Other contributory causes of importance:
Cardio-Renal Disease (Bright's)

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) Frank R Morley M. D.
(Address) Sedalia Mo