

REC'D AUG 10 1938

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

26283

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
(b) Township 1 Primary Registration District No. 3034 Registered No. 129
(c) City Moberly (d) Street No. 634 No. 1st 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 William R. Buxton

(a) Residence, No. 634 No. 1st 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 Maggie Buxton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15th 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Wabash RR
10. Date deceased last worked at this occupation (month and year) Dec 1934 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Taylor Buxton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Elizabeth Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Mrs Maggu Buxton18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE July 3rd 193819. FUNERAL DIRECTOR (NAME) Mallory and son(ADDRESS) Moberly Mo20. FILED July 2, 1938 Ethel Plunk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st 193822. I HEREBY CERTIFY, that I attended deceased from June 27 to July 1 1938I last saw him alive on June 30, 1938. Death is saidto have occurred on the date stated above, at 12:30 a.m.

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

myocarditisOther contributory causes of importance: arterial hypertension nasal hemorrhageName of operation no Date of noWhat test confirmed diagnosis? clinical Was there an autopsy? no

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

Accident, suicide, or homicide? no 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 no(Signed) L. E. Huber, M. D.(Address) Moberly Mo

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P.O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.