

REC'D SEP 28 1938

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

Do not use this space.

**1. PLACE OF DEATH**County St. FrancoisRegistration District No. 771File No. 29890

Township

Primary Registration District No. 4462

Registered No.

City Bismarck

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

Bismarck Mo. St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS****MEDICAL CERTIFICATE OF DEATH****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**Lucy Buxton**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**Dec 24 - 1884**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.33720**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.**Missouri Pacific RR**10. Date deceased last worked at  
this occupation (month and  
year)**August 1938**11. Total time (years)  
spent in this  
occupation**21**12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)**Iron County Missouri**13. NAME**Tom Buxton**14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)**Iron County Missouri**15. MAIDEN NAME**Lidia Louas**16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)**Altong Mo.**17. INFORMANT  
(ADDRESS)**Mrs Fred Buxton  
Bismarck Mo.**18. BURIAL, CREMATION, OR REMOVAL**PLACE Bismarck Mo. DATE Aug 16 1938**19. UNDERTAKER  
(ADDRESS)**White & Co  
Bismarck Mo.**20. FILED**Aug 16 1938 J. W. Gale M.D.  
Registrar.**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**Aug 14 1938**22. I HEREBY CERTIFY, That I attended deceased from**July 1 1938 to Aug 14 1938I last saw him alive on Aug 10 1938. Death is saidto have occurred on the date stated above, at 11:30 A.M.

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

Date of onset

Acute Dehilete of Aorta

Other contributory causes of importance:

Rheumatism (muscles)

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?** no

If so, specify \_\_\_\_\_

(Signed) Jas W. Hoffman

, M. D.

(Address) Bismarck Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

