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.

DEC'D SEP 28 1938

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

30251
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon 3 1 Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 224
(c) City Nevada (d) Street No. State Hosp # 3 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 3 yrs. 6 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William T. Buxton
(a) Residence, No. State Hosp # 3 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1865
7. AGE YEARS 72 MONTHS 8 DAYS 6 If LESS than 1 day, — hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as 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) Henry County, Mo.

FATHER
13. NAME James H. Buxton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Mary Denney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County, Ky.

17. INFORMANT (ADDRESS) Record Room, State Hosp #3
18. BURIAL, CREMATION, OR REMOVAL
PLACE Neosho Mo DATE 8/6 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) The Bigham Mortuary Neosho Mo
20. FILED 8-31, 1938 Allen V Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to August 6, 1938
I last saw him alive on August 5, 1938. Death is said to have occurred on the date stated above, at 7:25 a.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset ?

97

Other contributory causes of importance:
Senility

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? No

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) Rose H. Potter, M. D.
(Address) State Hosp #3, Nevada

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 7/38/142
Date Filed 9/15/38

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, J A Bingham, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J A Bingham

Licensed Embalmer No. 2689

P. O. Address Neosho Mo

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.