

REC'D NOV 21 1938

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

Do not use this space.

35803

1. PLACE OF DEATH

42 County Berry Registration District No. 367
 5 Township Fairview Primary Registration District No. 4308
 9 City Deepwater (No. _____) St. _____ Ward _____
 0 225 Dwight Elmer Paxton

2. FULL NAME Dwight Elmer Paxton
 (a) Residence, No. _____ 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)
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 - 1935
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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 0

12. BIRTHPLACE (CITY OR TOWN) Deepwater (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME Edmer B. Paxton

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

MOTHER FATHER
 15. MAIDEN NAME Elis Lucile Wisig

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

17. INFORMANT (ADDRESS) H. H. Wisig

18. BURIAL, CREMATION, OR REMOVAL PLACE Leary Chapel DATE Oct 1, 1938

19. UNDERTAKER (ADDRESS) Tom Hays

20. FILED Oct 1, 1938 J. H. Huse Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1938 to Oct 1, 1938
 I last saw him alive on Sept 30, 1938. Death is said to have occurred on the date stated above, at 5 A.M.
 The principal cause of death and related causes of importance were as follows:

Whooping cough, producing pulmonary atelectasis
 Date of onset Sept 29
 Other contributory causes of importance: 1

Name of operation none Date of _____
 What 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? none Date of injury _____, 19____
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) S. S. Hughes, M. D.
 (Address) 5 S. Hughes, Carter, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No.

District File Number 7-38-4

Date Filed 11-14-3