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 FEB 23 1939

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

Do not use this space.

1. PLACE OF DEATH

47 County Iron — Registration District No. 391 — File No. 2534

Township Arcadia — Primary Registration District No. 4230 — Registered No. 7

20 City Ironton (No. Arcadia Valley Hospital St. Ward)

235

2. FULL NAME Margarette Jane Buxton

(a) Residence, No. Caledonia Mo. 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: fem
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Buxton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 18, 1852

7. AGE: YEARS 86 — MONTHS 2 — DAYS 15 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: house wife
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): Centerville Mo. 0

FATHER

13. NAME: Samuel Stout 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 9

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Frank Buxton, Caledonia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia Mo. DATE Feb. 5, 1939

19. UNDERTAKER (ADDRESS): Norman White & Sons, Ironton Mo.

20. FILED Feb. 8, 1939 R. A. Rasche, Registrar. 353

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1939, to February 3, 1939

I last saw her alive on February 3, 1939. Death is said to have occurred on the date stated above, at 12.00 P.m.

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

| | Date of onset |
|---|---|
| Pneuronia lobar | |

1866 18

Other contributory causes of importance:
myocarditis and arteriosclerosis

Name of operation: reduction of fractured femur — Date of 1-28-39

What test confirmed diagnosis? x-ray — Was there an autopsy?

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

Accident, suicide, or homicide? accident — Date of injury Jan 27, 1939

Where did injury occur? Irondale, Missouri (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury: fall

Nature of injury: fracture of left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Gay, M. D.

(Address) Ironton, Missouri