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

Do not use this space.

5284

File No. 944

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Robert Dyer Paxton

(a) Residence. No. St., Ward. Old Mexico
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Paxton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1849

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 80 | 9 | 22 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER James D. Paxton

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary Ritchie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14. INFORMANT Samuel Kemper

(Address) 1007 Westover Road

15. FILED 3/1, 1930 M. M. Crouz REGISTRAR

osd

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 - 1928 to Feb 27 - 1930, that I last saw him alive on Feb 26 - 1930, and that death occurred, on the date stated above, at 5:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of cervical lymph nodes -

(duration) about 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis -

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? yes, DATE OF Oct 10-1928

WAS THERE AN AUTOPSY? yes Jan 14. 1930 -

WHAT TEST CONFIRMED DIAGNOSIS? Finding + slides -

(Signed) B. L. Sulzbacher, M. D.

2/27, 1930 (Address) 826 Argyle Bldg -

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Hamilton, Missouri

DATE OF BURIAL 3-1- 1930

20. UNDERTAKER Stine + McClure

ADDRESS 3235 Gillham Plaza

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

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