

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

Do not use this space.

46144

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City Columbia (No. _____) St. _____ Ward _____

File No. _____
Registered No. 266

2. FULL NAME James Wilbur Sexton

(a) Residence, No. 110 So. 2nd St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Sexton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-4-1897</u>		
7. AGE YEARS <u>34</u>	MONTHS <u>5</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wreck loader</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Flour mill</u>	
	10. Date deceased last worked at this occupation (month and year) <u>8 months 23</u>	
11. Total time (years) spent in this occupation <u>15 yr</u>		
12. BIRTHPLACE (CITY OR TOWN) <u>Columbia</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>William Sexton</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Boone County</u> (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Fannie Patton</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Boone County</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Elizabeth Sexton</u> (ADDRESS) <u>Columbia Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>12-24</u> 19 <u>31</u>		
19. UNDERTAKER <u>Wm. J. Parker #2900</u> (ADDRESS) <u>Columbia, Missouri</u>		
20. FILED <u>12/24</u> 19 <u>31</u> <u>F. C. Suggs</u> <u>By Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to Dec 21, 1931

I last saw him alive on Dec 21, 1931 Death is said

to have occurred on the date stated above, at 11 A.M.

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

Dec 13 - onset Date of onset 12-13
Double
108
108
lobar pneumonia

Other contributory causes of importance:
Obstructive the last 2 days.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. H. Carriger, M. D.
(Address) Columbia Mo.

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.

JAN 20 1932

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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