

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

Do not use this space.

16640

1. PLACE OF DEATH

County Lauraunce
Township Greene
City _____ (No. _____)

Registration District No. 469
Primary Registration District No. 5-632

File No. _____
Registered No. 8

2. FULL NAME

Donald Glenn Sexton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
<u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9- -1928</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>8</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lauraunce Co. Mo.

13. NAME Joe Sexton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

15. MAIDEN NAME Bessie Bowenman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lauraunce Co. Mo.

17. INFORMANT (ADDRESS) J L Sexton

18. BURIAL, CREMATION, OR REMOVAL PLACE Dennotono. DATE 5-7-32

19. UNDERTAKER (ADDRESS) Monnie & Leiman Miller Mo.

20. FILED 6-1-32 Co. & Bureau Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24th, 1932, to May 6th, 1932. I last saw him alive on May 6th, 1932. Death is said to have occurred on the date stated above, at 4:25 a.m. The principal cause of death and related causes of importance were as follows:

Intestinal Influenza
HA
101A 110

Date of onset 4-24-32
5-1-32

Other contributory causes of importance:
Pneumonia bronchial

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) J L Holmer, M. D.
(Address) Miller 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. JUN 23 1932

