

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

Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

County Duchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 6220 Carnegie) St. _____ Ward _____

File No. 37212
 Registered No. 1188

2. FULL NAME Baby Boy Sexton

(a) Residence, No. 6220 Carnegie 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
0 0 0 0

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

12. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Leo Sexton

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

MOTHER 15. MAIDEN NAME Ada Frances Hollowell

16. BIRTHPLACE (CITY OR TOWN) Rheinbeck
 (STATE OR COUNTRY) Iowa

17. INFORMANT Leo Sexton
 (ADDRESS) 6220 Carnegie

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Odd Fellows Cem. DATE Oct. 27, 1937

19. UNDERTAKER Clark Mortuary
 (ADDRESS) 5025 Kin. Hill ave.

20. FILED 10-26 19 37 N. J. Nestlebusch
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-26 37 10/26 37

I last saw h. Steel born alive on 10/26, 1937. Death is said to have occurred on the date stated above, at 10:45 pm.

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

Steel born 10/26/37
 Date of onset _____
 Other contributory causes of importance: _____

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?
 If so, specify _____
 (Signed) Ed. Trauson, M. D.
 (Address) 670 Francis

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.

