REG'D OCT 27 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Stoddard — Registration District No.: 834
Township: Lake — Primary Registration District No.: 6097
City: Near Dunklin, Mo. (No. ..., St. ..., Ward)

File No.: 33491
Registered No.: 33

2. FULL NAME: Louis Walter Sexton 225
(a) Residence, No.: Near Dunklin, 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Sexton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 8 1876

7. AGE: Years 62 | Months | Days 11 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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) (STATE OR COUNTRY): Kentucky

FATHER
13. NAME: Wes Sexton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Mrs Annie Sexton Advance, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rock Prairie Cemetery DATE: Sept 20, 1938

19. UNDERTAKER (ADDRESS): Lloyd D. Berger Advance, Mo.

20. FILED 10/8, 1938 D. S. McGee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1938, to Sept. 19, 1938
I last saw him alive on ..., 1938. Death is said to have occurred on the date stated above, at 11:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:
Rheumatism or Lumbago attacks at times

Name of operation ... Date of ...
What test confirmed diagnosis? suspected 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) L. E. Lewis, M. D.
(Address) Advance, Mo.

758

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.