

REC'D FEB 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County Harrison
Township Clay
City (No. _____) _____

Registration District No. 335
Primary Registration District No. 5470

File No. 2423
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mary Francis Axson.

(a) Residence, No. _____ 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 Female 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 William Axson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1884.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Harrison Co., Missouri.13. NAME John Thomas Crawley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.15. MAIDEN NAME Mary Francis Stallsworth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.17. INFORMANT William Axson
(ADDRESS) Cainsville, Missouri.18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery Date January 23, 3919. UNDERTAKER Eddie J. Sparks
(ADDRESS) Cainsville, Missouri.20. FILED Feb 8 1939 Wm. E. Douglas
Registrar. (Address) Cainsville, Missouri.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1939, to Jan. 21 1939
I last saw her alive on Jan. 20 1939 Death is said to have occurred on the date stated above, at 1:25 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Augina Pseton's
Other contributory causes of importance: 94 in

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) H. Nally M. D.

(Address) Cainsville, Missouri.

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.

