

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.

AUG 9 1939

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

24989

Do not use this space.

1. PLACE OF DEATH ²
 (a) County Boone Registration District No. 73
 (b) Township 1 Primary Registration District No. 3006
 (c) City Columbia (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ²³⁵ THOMAS SEXTON
 (a) Residence, No. 108 NORTH 4TH St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-1-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 - 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as 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) Boone County
 (STATE OR COUNTRY) Missouri

13. NAME John S Sexton

14. BIRTHPLACE (CITY OR TOWN) Boone County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sissie Patton

16. BIRTHPLACE (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY) _____

17. INFORMANT Albert S Sexton
 (ADDRESS) Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hinton Mo. DATE 7-23-1939

19. FUNERAL DIRECTOR (NAME) Trust O Parker
 (ADDRESS) Columbia Missouri

20. FILED 7/22/1939 Allie Selby
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Cause of Death
CEREBRAL-HEMORRAGE Date of onset _____

Other contributory causes of importance: JW

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) W.P. Tolson Corn
 (Address) 20 N 9 St 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~0000~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Susan D. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.