

OCT 12 1939

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

32827
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township North Mt. Vernon Primary Registration District No. 5633
(c) City Mt. Vernon (d) Street No. Missouri State Sanatorium 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. 1 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ola Claxton
(a) Residence, No. Mexico, Missouri 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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of husband or wife) Husband Clifford Claxton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 8 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) August 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pike County
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME George Elder 0

14. BIRTHPLACE (CITY OR TOWN) Pike County
(STATE OR COUNTRY) Missouri 0

MOTHER 15. MAIDEN NAME Maggie Farris

16. BIRTHPLACE (CITY OR TOWN) Pike County
(STATE OR COUNTRY) Missouri

17. INFORMANT E. McMichael, Record Clerk
(ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL no
PLACE Bowling Green DATE Sept 8 1939

19. FUNERAL DIRECTOR (NAME) E. K. ...
(ADDRESS) Mt. Vernon, Mo.

20. FILED sep 8 39 R. A. ...
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1939, to Sept 6, 1939 xxix

I last saw h. or alive on Sept 6, 1939. Death is said to have occurred on the date stated above, at 8:30p m.

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

Pulmonary Tuberculosis Date of onset August 1938

Other contributory causes of importance:

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? no
If so, specify _____
(Signed) J. J. Jones, M.D. M. D.
(Address) Mt. Vernon, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X 10605

RECEIVED

District Health Officer No. 6,

District 1039-1969

Date Filed OCT 5 1939

DEC 28 1939

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.