

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1951

File No. _____

Registered No. 24

1. PLACE OF DEATH

County Mc Cracken

Vot. Pat. _____

Registration District No. 935

Inc. Town _____

Primary Registration District No. 236City Paducah(No. 1416 Madison St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Willie A Paxton(a) Residence. No. Greenville, Ky 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. 14 ds. Now 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) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH March 77. AGE Years _____ Months _____ Days _____ If LESS than 1 day hrs. or min. 728. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ at Home

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Tenn

13. NAME _____

14. BIRTHPLACE _____

15. MAIDEN NAME _____

16. BIRTHPLACE _____

17. INFORMANT Mrs. J.T. Campbell(Address) 1416 Madison ST Paducah, Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville Ky Date 1/16/34 19. _____19. UNDERTAKER Mattil, Efinger and Roth(Address) Paducah Ky20. FILED 1-16 1934 Willie MacLean

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 15 1934, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1934 to Jan 15, 1934I last saw him alive on Oct 14, 1934 death is said to have occurred on the date stated above, at 5.10 P m. The principal cause of death and related causes of importance in order of onset were as follows:Myocarditis Date of onset _____Ch. Bright Dis

Contributory causes of importance not related to principal cause: _____

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 _____ 1934

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) W.H. Quinn, M. D.(Address) Paducah Ky