

Misplaced

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

Do not use this space.

624-B

1. PLACE OF DEATH

County *Wekalb*
Township *Adams*
City (No. _____) _____

Registration District No. *263*
Primary Registration District No. *3365*

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

2. FULL NAME

George A. Baxter

(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

MEDICAL CERTIFICATE OF DEATH

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

Kate Baxter

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

April-4-1841

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

81

9

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

don't know

10. NAME OF FATHER

don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

don't know

12. MAIDEN NAME OF MOTHER

don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

don't know

14.

INFORMANT (Address)

Maggie Searcy

FILED

1/8 1923

J. F. Hedrick

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 7 1923

17.

I HEREBY CERTIFY, That I attended deceased from *sep 10 1922* to *Jan 4 1923* that I last saw him alive on *Jan 4 1923*, and that death occurred, on the date stated above, at *4 A. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

131

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Chronic Bright's disease*

Brucellosis (duration) *2* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *J. F. Hedrick*, M. D.

16 1923 (Address) *Weatherly, Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Alta Vista Cemetery Jan 6 1923

20. UNDERTAKER

ADDRESS

333 De Hart, Weatherly,

OF DEATH in plain text. Exact statement of OCCUR. be properly classified.

PARENTS (Living or dead) (Name and address) (State and country)

