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

Do not use this space.
3302

File No. F 928
Registered No. 1003

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. City Hospital ..... St. ..... Ward)

2. FULL NAME 1433 Mattie Baxter

(a) Residence. No. 1852 & 10 St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 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: George Baxter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 4 1903

7. AGE: Years 24 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Mississippi

PARENTS
10. NAME OF FATHER: Willie Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mississippi
12. MAIDEN NAME OF MOTHER: Ella Kelso
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mississippi
(STATE OR COUNTRY)

14. INFORMANT: Hospital Information
(Address): City Hospital

15. FILED JAN 25 1928, 19..... Marl C Starkloff, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1928, to Jan 23, 1928, that I last saw h... alive on Jan 23, 1928, and that death occurred, on the date stated above, at 7—8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic abortion
self induced
1 wk
36 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): General septicemia
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? City
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John Stokes, M. D.
1/27, 19 28 (Address) City Hospital

*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: St. Peter & Paul | DATE OF BURIAL: Jan 26 1928

20. UNDERTAKER: Lawrence Co | ADDRESS: 1718 Lafayette

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.

Decker