

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

Do not use this space.

10146

**1. PLACE OF DEATH**

County Pike Registration District No. 689  
 Township Louisiana Primary Registration District No. 3033  
 City Louisiana (No. 915) Scav St. Louis Ward 1

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 915 Scav 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**

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 Bert L Baxter  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-3-1881  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
46 3 23 or min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Nursewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Pike Co. Ill  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Shaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co. Ill  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Jane Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co. Ill  
 (STATE OR COUNTRY)

14. INFORMANT Bert L Baxter  
 (Address) Louisiana Mo

15. FILED 3/27 1928 REGISTRAR J. Kemp

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1928 to Mar 26 1928  
 that I last saw her alive on Mar 26 1928, and that death occurred, on the date stated above, at 500 ft m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Endo Carditis  
90% 0.5  
 (duration) yrs. mos. 15 ds.  
 CONTRIBUTORY Influenza  
 (SECONDARY) (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) J. H. Miller M. D.  
3/27 1928 (Address) Louisiana 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 Louisiana Mo DATE OF BURIAL 3/28 28

20. UNDERTAKER J. Kemp ADDRESS Louisiana Mo

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.

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