B 23 1929

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

Do not use this space.

File No. 22703

Registered No. .....

1. PLACE OF DEATH
County Newton — Registration District No. 609
Township ..... — Primary Registration District No. 4363
City Neosho — (No. 310 W. Coler Street ..... St. ..... Ward)

2. FULL NAME Sylvester M Baxter
(a) Residence. No. 310 W. Coler St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Male	White	Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Elizabeth Baxter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1, 1843

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
85 ~~84~~	4	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) North Carolina

PARENTS
10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) .....
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) .....

14. INFORMANT A. F. Karpe
(Address) Neosho, Mo

15. FILED 2-10, 1929 C. E. Manese
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-4 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/3/29, 19..., to 1/4/29, 19..., that I last saw h. alive on 1/4/29, 19..., and that death occurred, on the date stated above, at 10:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis —
in last two years —
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... 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? —

(Signed) R C Jameson, M. D
1-5, 1929 (Address) Neosho, 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 I.O.O.F Cemetery — DATE OF BURIAL 1/5 1929
20. UNDERTAKER Bigham — ADDRESS Neosho

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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