

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

Do not use this space.

18565

1. PLACE OF DEATH

County Jefferson
Township Leachman
City Festus (No. _____)

Registration District No. 431
Primary Registration District No. 4349

File No. _____
Registered No. 70
St. _____ Ward _____

2. FULL NAME George Peter Axtetter

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Axtetter</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 12, 1862</u>		
7. AGE <u>67</u>	YEARS <u>3</u>	MONTHS <u>9</u>
DAYS <u>9</u>		
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Poultry Raising
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Baltimore
(STATE OR COUNTRY) Maryland

10. NAME OF FATHER Andrew Axtetter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Unknown

14. INFORMANT Elizabeth Axtetter
(Address) Festus Missouri

15. FILED 5755-29 1929 J. P. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1929

17. I HEREBY CERTIFY, That I attended deceased from May 20 1929 to May 21 1929 that I last saw him alive on May 21 1929 and that death occurred, on the date stated above, at 4:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
82 M
1862/40
CONTRIBUTORY Acute Indigestion
(SECONDARY) (duration) yrs. mos. ds. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. P. Rutledge M. D.

May 22 1929 (Address) Crested City 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

Festus Mo May 23 1929

20. UNDERTAKER

ADDRESS

Quester & Vinyard Festus 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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

