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

17000

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township Buffalo — Primary Registration District No. 3033 — Registered No.
City Louisiana (No. 1321 S Car St. Ward)

2. FULL NAME Wm C. Baxter
(a) Residence. No. 1321 S Car 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: 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: Lizzie A. Baxter
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 2 - 1848
7. AGE: YEARS 82 MONTHS 1 DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.
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): Louisiana, MO

PARENTS
10. NAME OF FATHER: T. G. Baxter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know
12. MAIDEN NAME OF MOTHER: Martha Yeater
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT: Nora Lovell
(Address) 1321 South Carlonia St Louisiana Missouri
15. FILED 5/6 1930 F C Haley Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-5- 1930
17. I HEREBY CERTIFY, That I attended deceased from 5-1 1930, to 5-5- 1930 that I last saw h..... alive on 5-5 1930 and that death occurred, on the date stated above, at 1 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicaemia
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY): Arteria Sclerosis (duration) yrs. 6 mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: X
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. Anderson, M. D.
5/6, 1930 (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: Indian Cemetery Pike Co Mo — DATE OF BURIAL: 5-6- 1930
20. UNDERTAKER: Grace Bankhead — ADDRESS: Bowling Green Mo