

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20013

PLACE OF DEATH

County Marion
 Township Jefferson
 City Jefferson (No. 1333)

Registration District No. 641
 Primary Registration District No. 5730

File No. 20013
 Registered No. 20013
 St. Jefferson

2. FULL NAME

(a) Residence. No. 1333 St. Jefferson Ward. 1
 (Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 8 8 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Farm work
 (c) Name of employer St. Louis Co. Mo.

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co. Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Richard Baxter

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

12. MAIDEN NAME OF MOTHER Henrich Knorr

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

14. INFORMANT William Baxter
 (Address) Belle Mo.

15. July 10, 1930 Mrs. Leona Thom
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10th 1930

17. Deceased died suddenly at church
 I HEREBY CERTIFY, That I attended deceased from 11 11 11
 that I last saw him alive on June 10th, 1930, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown
131
 (duration) 0 yrs. 0 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) Chronic nephritis
 (duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
at Place of death
 IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF No
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Sudden death
 (Signed) Ch. R. Russell M. D.
 , 19 30 (Address) Belle 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 Liberty Cemetery DATE OF BURIAL 6-16-1930
 20. UNDERTAKER Ed. Licklider ADDRESS Belle Mo.

