

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

20117

1. PLACE OF DEATH

County Montgomery
Township Red Creek
City Leop (No.) St. Ward

Registration District No. 596
Primary Registration District No. 5787X3

File No.
Registered No.

2. FULL NAME

William Owen Baxter

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

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 Stella Baxter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1874-6-18

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
55 11 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Near Bellflower Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jacob Baxter

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

12. MAIDEN NAME OF MOTHER Mary Bull

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo

14. INFORMANT S. K. Baxter
(Address) Bellflower Mo

15. FILED 6/14, 1930 W J Ross REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/14 1930

17. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19...., that I last saw h. alive on, 19...., and that death occurred, on the date stated above, at about 5:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
77 Edward J. Edwards acting coroner by order of Prosecuting atty request.
Found that he came to his death by shooting himself in the forehead with a 22. Caliber R.F.L. with suicidal intent (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1101 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) G. H. Edwards acting coroner M.D.
6/14, 1930 (Address) Bellflower 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 Bellflower cemetery DATE OF BURIAL 6/18 1930

20. UNDERTAKER W J Ross ADDRESS Bellflower 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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County..... City..... (No.....) State.....
 Registrations District No..... File No.....
 Primary Registration District No..... Registered No.....
 (Ward).....

2. FULL NAME

(a) Residence, No....., Ward.....
 (Usual place of abode)
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 (If nonresident give city or town and State)

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

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10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....

(STATE OR COUNTRY).....

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....

(STATE OR COUNTRY).....

PARENTS

14. INFORMANT..... (Address).....

15. FILED....., 19.....

REGISTRAR

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(Signed)....., M. D.
 , 19 (Address)

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