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

1. PLACE OF DEATH

County Jackson — Registration District No. 3 2 9 — File No. 5566
Township Kaw — Primary Registration District No. 1 [illegible] 3 — Registered No. [illegible]
City Kansas City (No. St. Marys' Hospital St. Ward)

2. FULL NAME Walter H Baxter
(a) Residence. No. 2905 Lorene St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad Foreman 106
(b) General nature of industry, business, or establishment in which employed (or employer) Burlington R.R. 930
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 8

PARENTS
10. NAME OF FATHER John Baxter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

14. INFORMANT Mrs Delia Baxter
(Address) 2905 Lorene

15. FILED 2/11, 1931 M. M. Crowe REGISTRAR
Asst

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Feby 7, 1931 to Feby 10, 1931 that I last saw him alive on Feby 10, 1931, and that death occurred, on the date stated above, at 8:25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Surgical Operation for Hydrops of Gall Bladder 1998 (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Myocarditis 930 (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feby 7-31
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F. A. Geary, M. D.
2/11, 1931 (Address) 100 Chambers Kemo

*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
St. Marys' Cemetery	2/12/31 19
20. UNDERTAKER	**ADDRESS**
Quirk & Tobin--20 W Linwood	

E A Greaves