

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.

JUN 28 1932

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

Do not use this space.

16750

1. PLACE OF DEATH

63 County Marion
Township Jefferson
City Jefferson (No.)

Registration District No. 341
Primary Registration District No. 0730

File No.
Registered No.
St. Ward

2. FULL NAME

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

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. (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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29, 1883
7. AGE YEARS 48 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Mo.

13. NAME Geo Baxter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Julia Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT S. C. Dravis (ADDRESS) Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Cem. DATE May 28, 1932

19. UNDERTAKER W. H. Luckel (ADDRESS) Belle, Mo.

20. FILED May 9, 1932 Deanna Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1931, to May 26, 1932

I last saw him alive on May 26, 1932 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
4613

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Diagnosis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. R. Furell, M. D.

(Address) Belle, Missouri

