WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 very important.

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

Do not use this space.

40679

File No. .....
Registered No. 47

1. PLACE OF DEATH
65 County Mercer
Township Ravanna
City ..... (No. ..... St. ..... Ward)
Registration District No. 556
Primary Registration District No. 5751

2. FULL NAME Jesse B Baxter
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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~~ Catherine Baxter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1879
7. AGE: Years 53 Months 4 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Aug-1930
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ravanna Township Mo.

FATHER
13. NAME Chas. Baxter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER
15. MAIDEN NAME Elizabeth Tinney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) Catherine Baxter Princeton, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Brantley DATE 12-25- 1932
19. UNDERTAKER Elton Reed (ADDRESS) Princeton
20. FILED 12/24 1932 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932 to Dec 23, 1932
I last saw him alive on 12-23- 1932 Death is said to have occurred on the date stated above, at 8.50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Exophthalmic goitre	1920
2. Valvular heart disease - mitral & aortic insuff. with	1928
3. Chronic myocarditis thru thyroid toxicosis	1928

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic 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) A E Bristow, M. D.
12-24-32 (Address) Princeton, Mo.