

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

Do not use this space.

1. PLACE OF DEATH

County *Andrew*

Registration District No. *26* ✓

Township

Primary Registration District No. *3002*

City *Mexico Mo* (No. *Andrew Co Hospital*)

File No. *19375*

Registered No. *71* St. _____ Ward _____

2. FULL NAME

John Franklin Baxter

(a) Residence, No. *Montgomery City Mo* Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *38* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 *Malvina Loeke*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 19 1851*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *83 4 13*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired 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) *Pike Co. Mo*

13. NAME *James Baxter*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

15. MAIDEN NAME *unmarried*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Mrs Ethel Lays* (ADDRESS) *Montgomery City Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Montgomery City Mo* DATE *June 8 1934*

19. UNDERTAKER *Carl Hopkins* (ADDRESS) *Montgomery City Mo*

20. FILED *6-2* 19*34* *Blanche Neely* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-2-1934*

22. I HEREBY CERTIFY, That I attended deceased from *5-20-1934* to *6-2-1934*

I last saw him alive on *6-2-1934* Death is said

to have occurred on the date stated above, at *2 P.* m.

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

Stenosis of aorta Date of onset *5/15*
Carcinoma sigmoid *4/5*
Carcinoma prostate

Other contributory causes of importance:

Carcinoma of sigmoid
Carcinoma of prostate

Name of operation *exploratory* Date of *5-20-34*
What test confirmed diagnosis? *operative* 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) *Frank J. Miller* _____ M. D.
(Address) *Mexico, Mo.*

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison Registration District No. 26 File No. _____
Township _____ Primary Registration District No. 3002 Registered No. _____
City Madison (No. Madison Co Hosp) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day. _____ hrs. or _____ min.
83 4 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 19 1934 B. L. Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Death from
Cardiomegaly
prostate
Other contributory causes of importance: _____
Primary in Prostate

Name of operation _____ Date of _____
What test confirmed diagnosis? 51 Was there an autopsy? _____

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? _____
If so, specify _____

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

SUPPLEMENTARY

S-19375