

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi

Registration District No. 569

File No. 25588

Township Ohio

Primary Registration District No. 3765

Registered No. _____

City _____

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence No. Norma Baxter

(Usual place of abode)

St. _____

Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED X (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 11 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Stoddard Sturdivant

13. NAME Theodore Baxter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cardonah Ill

15. MAIDEN NAME Hillig Mrs. Ebe

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

17. INFORMANT (ADDRESS) J Hill Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL Sturdivant Cem DATE July 23 1934

19. UNDERTAKER (ADDRESS) han yard Co Charleston Mo

20. FILED July 22 1934 R. Marshall Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17 1934 to July 22 1934
I last saw him alive on July 22 1934 Death is said to have occurred on the date stated above, at 3 P m.

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

editer's colition
1198
1199
Other contributory causes of importance:

Date of onset

Name of operation none Date of _____
What test confirmed diagnosis none 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) Ed Marshall, M. D.
(Address) Wyatt 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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