

APR 8 1935

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

Do not use this space.

4549

1. PLACE OF DEATH

County

Callaway

Registration District No.

104

File No.

Township

Fulton

Primary Registration District No.

3008

Registered No.

33

City

(No.)

Fulton

St.

Ward)

2. FULL NAME

Noah M. 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

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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1935, to Feb 8 1935

I first saw him alive on Feb 8 1935 Death is said to have occurred on the date stated above, at 11:15 P. m.

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

Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) / / 1870

7. AGE YEARS 65 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

Other contributory causes of importance:
Hypertrophy of the prostate with retention of urine

8. Trade, profession, or particular kind of work done, as planner, 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

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME D. K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

15. MAIDEN NAME D. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) Hannie Baxter Fulton Mo.

18. BURIAL, CREMATION, OR REBURYAL White Cloud Cemetery Feb 11 1935

19. UNDERTAKER (ADDRESS) E. L. B. Fulton Mo.

20. FILED Feb 11 1935 R. M. Crews Registrar.

Name of operation none Date of

What test confirmed diagnosis? 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? no

If so, specify

(Signed) W. J. News, M. D.

(Address) Fulton 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.

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

1 APR 27 1958

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