

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.

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township Prairie
City (No., ...) Ward

Registration District No. 591
Primary Registration District No. 5789

File No. 20455
Registered No. 8

2. FULL NAME Robert W. 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

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6th, 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
87 6 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) Montgomery CO
(STATE OR COUNTRY) Missouri

13. NAME Jas. L. Baxter

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

15. MAIDEN NAME Jaly. A. Kelso

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

17. INFORMANT Jas Mudd
(ADDRESS) Marling, MO.

18. BURIAL, CREMATION, OR REMOVAL Brush Creek Cem. DATE 6/9/35
PLACE DATE

19. UNDERTAKER R. W. River
(ADDRESS) Bellflower, MO.

20. FILED 6/13 1935 Leah Rigg
Register

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10th, 1935, to June 8th, 1935.
I last saw him alive on June 7th, 1935. Death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of
Urinary Bladder
Date of onset

Other contributory causes of importance: 51

Name of operation..... Date of.....
What test confirmed diagnosis? Cystoscopy Was there an autopsy? 25

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? 25
If so, specify.....
(Signed) C. H. Mudd, M. D.
(Address) Sheldahl, Mo.

