

APR 23 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11949

1. PLACE OF DEATH

County Pike

Registration District No. 689

Township Louisiana

Primary Registration District No. 3033

City Louisiana

(No. 111)

St. E

File No. _____

Registered No. _____

St. 3

Ward) _____

2. FULL NAME

(a) Residence, No. 111

(Usual place of abode)

St. 3

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

3. SEX

Female

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

Harlem Baxter

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

6/14-60

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75

9

0

OCCUPATION

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

Housewife

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

FATHER

13. NAME

James Scott

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

Ky

MOTHER

15. MAIDEN NAME

Fanny Ceward

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

Va

17. INFORMANT (ADDRESS)

Mrs Jno Minihan Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Zion

DATE

3/15/36

19. UNDERTAKER (ADDRESS)

J. H. Hearn Louisiana Mo

20. FILED

3/14/36

19

J. H. Hearn

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-14-36

22. I HEREBY CERTIFY, That I attended deceased from

3-8

1936

to 3-14

1936

I last saw her alive on 3-13 1936. Death is said

to have occurred on the date stated above, at 4:30 a.m.

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

Arterio Sclerosis

Date of case

12

Other contributory causes of importance:

Influenza

3/5/36

Name of operation

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

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) J. H. Hearn

M. D.

(Address) Louisiana Mo

