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.

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 18648
Township — Primary Registration District No. 1001 — Registered No. 736
City St. Joseph, (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME Charles Baxter
(a) Residence, No. St., Ward. Highland, Kansas,
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 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): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 8, 1878

7. AGE: YEARS 57 — MONTHS 6 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General,
10. Date deceased last worked at this occupation (month and year): May 1936
11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carlington, Ohio,

FATHER
13. NAME: Cornelius Baxter,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER
15. MAIDEN NAME: Mary Edelman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Roy A. Noll, Highland, Kansas,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Horton, Kansas, DATE May 24th, 1936

19. UNDERTAKER (ADDRESS): Keaton, B. Gole & Bowman, 319 So. 10th. St. Funeral Home

20. FILED May 23, 1936 H. J. Nestlebush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23th, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to May 23, 1936
I last saw h.. alive on May 22, 1936 Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	1934

Other contributory causes of importance:
Arterio-sclerosis & Interstitial Nephritis

Name of operation none — Date of ✓
What test confirmed diagnosis? ✓ — 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) H. A. Fingrave M. D.
(Address) 520 Francis St. St. Joseph, 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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 736
City St Joseph (No. St. Ward)

2. FULL NAME Charles Baxter
(a) Residence, No. Highland Kans 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 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.
57	6	15	

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 May 23, 1936 H J Nestlebust Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 23, 1936
I last saw him alive on May 22, 1938. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	Oct 1935
Chronic valvular heart disease	

Other contributory causes of importance:
arteriosclerosis
Interstitial Nephritis (Chronic)

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 ~~Home~~ accidental
Nature of injury Fracture of leg, HSI

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. B. Forgrave (HB), M. D.
(Address) St Joseph Mo

SUPPLEMENTARY

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