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.

REC'D MAY 16 1938

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

Do not use this space.

File No. 14874

Registered No. 83

1. PLACE OF DEATH

County: Jackson

Township: Prairie

City: ~~Little Blue, Mo.~~ Jackson County Hospital (No. ..., ... St. ..... Ward)

Registration District No. 400

Primary Registration District No. 15553 R

2. FULL NAME: Ethel Lois Baxter

(a) Residence, No. 220 S. Oxford, K. C. Mo. (Fairmont Station) 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: Fe.

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: Edward J. Baxter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 15, 1911

7. AGE: Years 26 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

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): Mo.

FATHER

13. NAME: Miley H. Williams

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

MOTHER

15. MAIDEN NAME: Nettie Kinsey

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

17. INFORMANT (ADDRESS): Edward J. Baxter, 220 S. Oxford

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sumner Mo. DATE: 4 - 20 - 1938

19. UNDERTAKER (ADDRESS): Wamsley Funeral Home, Independence, Mo.

20. FILED: 4-20-1938 William T. Fields, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1938; to 4-19, 1938

I last saw her alive on 4-19, 1938. Death is said to have occurred on the date stated above, at 4:25 A. m.

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

	Date of onset
Acute Hepatitis	
Acute Nephritis	

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Other contributory causes of importance:

Pregnancy (3 mos)	

Name of operation: Laporotomy Date of: 4-15-38

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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?

If so, specify

(Signed) J. C. Lynch Jr, M. D.

(Address) Jackson Co. Hosp.

31-23