

NOV 10 1938

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

Do not use this space.

36336

1. PLACE OF DEATH

County Montgomery
Township Red Creek
City Bellflower (No. 226)

Registration District No. 589
Primary Registration District No. 578

File No. 27
Registered No. 27
St. Mo. Ward 2

2. FULL NAME

(a) Residence, No. Stanford California Ward. 2
(Usual place of abode)
Length of residence in city or town where death occurred summer several years yrs. mos. ds.
(If nonresident, give city or town and State)
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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Batchelor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1860

7. AGE YEARS 78 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

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

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

13. NAME Wm Baxter

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

15. MAIDEN NAME Ludusky Hestey

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

17. INFORMANT (ADDRESS) Informant W.R. Ingram 5732 Labadie Ave St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellflower Mo DATE 10-27 1938

19. UNDERTAKER (ADDRESS) Wend A Jones Bellflower Mo

20. FILED Oct 27 1938 Mary Lou Peener Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Oct. 25 1938

I last saw him alive on Oct 25 1938 Death is said to have occurred on the date stated above, at 8:30 P.m.

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

Sudden Death - Cardiac Failure Date of onset 10/25/38
Chronic myocarditis 1926
Chronic interstitial nephritis 1926

Other contributory causes of importance: 131

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....., 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) A. H. Van Coudale M.D.

(Address) Bellflower, 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.

Leah Pigg