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

Do not use this space.

2131

1. PLACE OF DEATH
County Cole (St. Mary's Hospital) Registration District No. 213
Township ..... Primary Registration District No. 3014
City Jefferson City (No. 505 Bolivar St., 1 St. ..... Ward)

File No. .....
Registered No. 4

2. FULL NAME Victor Bax
(a) Residence, No. Koeltztown, MO St. ..... Ward. 0
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 0 mos. 11 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1939
7. AGE — YEARS — MONTHS 11 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

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) Koeltztown, Mo. 0

FATHER
13. NAME Simon Bax 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Koeltztown, Mo. 0

MOTHER
15. MAIDEN NAME Connie Lock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Koeltztown, Missouri

17. INFORMANT (ADDRESS) Connie Lock Koeltztown, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Koeltztown, Mo DATE 1/9/ 1940
19. UNDERTAKER (ADDRESS) H H Strop Mata Mo
20. FILED 1/9/ 1946 A V Bafford D-D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1940 to Jan 9, 1940
I last saw him alive on Jan 8, 1940. 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
Broncho-Pneumonia	1/7
11 a	
Other contributory causes of importance:	
Sa grippe	1/11/40

Name of operation — — — 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) Irel Brown Kearns M. D.
(Address) Jefferson City, 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.