

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

Do not use this space.

**1. PLACE OF DEATH**

42 County Henry  
8 Township Hubbard  
2 City Hubbard (No. \_\_\_\_\_)

Registration District No. 14  
Primary Registration District No. 4211

File No. 16346  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ferry Baxter

(a) Residence, No. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Dont know</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Appear</u>		
7. AGE YEARS <u>To be about 50 or 55</u>	MONTHS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dont know</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dont know</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

2. 2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to May 12, 1933

I last saw him alive on May 12, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Other contributory causes of importance:  
Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) This man a

13. NAME A transient passing through this town

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill home Dist

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill home Dist

17. INFORMANT (ADDRESS) Personal history

18. BURIAL, CREMATION, OR REMOVAL PLACE Hubbard mo DATE May 13, 1933

19. UNDERTAKER (ADDRESS) Hubbard mo

20. FILED May 13, 1933 / J. Demunge Registrar.

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.

WRITE CLEARLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 22 1933

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