

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

Do not use this space.

35075
File No. _____
Registered No. 8
St. _____ Ward _____

1. PLACE OF DEATH

County Moniteau Registration District No. 5-23
Township Wilmington Primary Registration District No. 4337
City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Lucendis Elvora Baxter
(a) Residence, No. Fortuna St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D. B. Baxter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>8</u>
	DAYS <u>10</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>Housewife</u>	
	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) <u>Fortuna</u>		
MOTHER	13. NAME <u>William M & Daniel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Ellis Snodgrass</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>M. A. Baxter</u> (ADDRESS) <u>Fortuna</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Oct 7</u>		
19. UNDERTAKER <u>James L. Richards</u> (ADDRESS) <u>Fortuna</u>		
20. FILED <u>Oct 7, 1931</u> <u>J. S. Melrose</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 - 1931

22. I HEREBY CERTIFY, That I attended deceased from death, 1931, to Oct 6, 1931
I last saw him alive on Oct. 6, 1931. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
120A
132
Other contributory causes of importance: _____

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? _____
If so, specify _____
(Signed) G. S. Wilson, M. D.
(Address) Fortuna

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.

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N. B.—Every item of information should be given in full. AGF 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. REGISTRARS SHALL RECEIVE A FEE FOR CERTIFICATES UNTIL THE. ALL COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Moniteau Registration District No. 573 File No. _____
 Township Willowfork Primary Registration District No. 0771 a Registered No. 8
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Lucendia Elnora 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D. B. Baxter</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 20 1867</u>			
7. AGE YEARS <u>64</u>	MONTHS <u>8</u>	DAYS <u>10</u>	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)			
MOTHER FATHER			
13. NAME			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
15. MAIDEN NAME			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE			
19. UNDERTAKER (ADDRESS)			
20. FILED <u>Oct 7 1931</u> <u>G. S. Wilson</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 - 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance:

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? _____
 If so, specify _____

(Signed) _____, M. D.
 (Address) _____

SUPPLEMENTARY

S-35075