WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 10 1933

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

Do not use this space. 30249

1. PLACE OF DEATH

64 County Marion — Registration District No. 548.

2 Township Liberty — Primary Registration District No. 4323.

City Palmyra (No. ..... St. ..... Ward)

File No. .....

Registered No. 54.

2 2. FULL NAME Frances Mariah Baxter

(a) Residence, No. Maine St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Baxter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Indiana

FATHER

13. NAME Jacob Bower

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Mary Ann Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. W.S. Foster Palmyra, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Palmyra, Mo.
PLACE Greenwood Cem. DATE 9/15/33, 19

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra, Mo.

20. FILED 9-13- 1933 Gertrude Lee Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1933

22. I HEREBY CERTIFY That I attended deceased from Aug. 1st, 1933, to Sept 13th, 1933

I last saw her alive on Sept 13th, 1933. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Chronic valvular (mitral) heart trouble

92A

92a

Date of onset ✓

Other contributory causes of importance:

8 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) W. C. O'Neal, M. D.

(Address) Palmyra Mo.