

**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 Willoughby Primary Registration District No. 4337  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lucendis Elmore 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.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |   |   |
|---|---|---|
| 3. SEX<br><u>M</u>  | 4. COLOR OR RACE<br><u>W</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>D. B. Baxter</u> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>1</u>                                 |   |   |
| 7. AGE  | YEARS<br><u>64</u>  | MONTHS<br><u>8</u>  |
|   | DAYS<br><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.<br><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)<br><u>Fortuna Mo</u>               |   |   |
| MOTHER  | 13. NAME <u>William M &amp; Daniel</u>  |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Mo</u>   |   |
|   | 15. MAIDEN NAME <u>Ellis Snodgrass</u>  |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Mo</u>   |   |
| 17. INFORMANT <u>M. A. Baxter</u><br>(ADDRESS) <u>Fortuna</u>                       |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Greenwood</u> DATE <u>Oct 7</u>       |   |   |
| 19. UNDERTAKER <u>Jessell Richards</u><br>(ADDRESS) <u>Fortuna</u>                  |   |   |
| 20. FILED <u>Oct 7, 1931</u><br><u>J. S. Melrose</u><br>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<br><u>F</u>  | 4. COLOR OR RACE<br><u>W</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> )<br><u>M</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>D. B. Baxter</u> |   |  |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Jan 20 1867</u>                       |   |  |   |  |
| 7. AGE YEARS<br><u>64</u>   | MONTHS<br><u>8</u>  | DAYS<br><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                         |   |  |   |  |
| 19. UNDERTAKER (ADDRESS)  |   |  |   |  |
| 20. FILED <u>Oct 7 1931</u> <u>G. S. Nelson</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