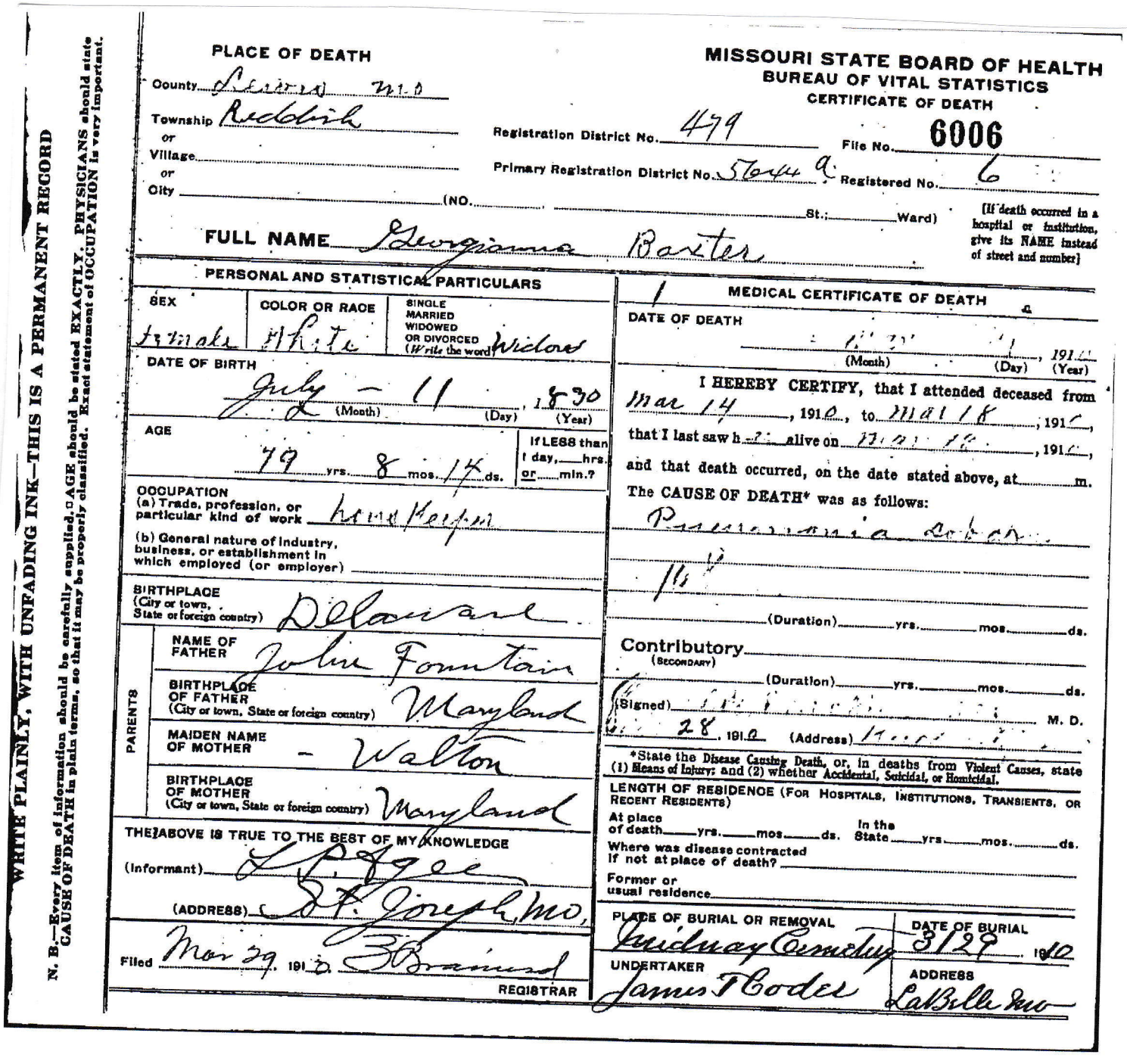
Missouri Death Certificates, 1910 - 1965

New Search

Showing records **1** thru **5** of **5**

Search Results

Name	Date of Death	County	City	Certi
Georgianna Baxter	March 18, 1910	Lewis		6006



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.

PLACE OF DEATH

County Lewis No. 0

Township Reddick

or

Village

or

City (NO. St.; Ward)

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

Registration District No. 479 File No. 6006

Primary Registration District No. 57044 a Registered No. 6

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Georgianna Baxter

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Widow

DATE OF BIRTH July 11 (Month) (Day) 1830

AGE 79 yrs. 8 mos. 14 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Delaware

PARENTS

NAME OF FATHER John Fountain

BIRTHPLACE OF FATHER (City or town, State or foreign country) Maryland

MAIDEN NAME OF MOTHER - Walton

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Maryland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. Pogue

(ADDRESS) St. Joseph, Mo.

Filed Mar 29, 1910 J. Brainard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) 191

I HEREBY CERTIFY, that I attended deceased from Mar 14, 1910, to Mar 18, 1910, that I last saw h alive on Mar 18, 1910, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

16 d

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. D.

Mar 28, 1910 (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Fairview Cemetery DATE OF BURIAL 3/29 1910

UNDERTAKER James T Coder ADDRESS LaBelle Mo