

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

Do not use this space.

33112

1. PLACE OF DEATH
 County: Leopold Registration District No. 4161
 Township: Leopold Primary Registration District No. 262
 City: Union Star Mo. (No. _____) (Ward) _____

2. FULL NAME: Alexander Washington Bashor
 (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 3 yrs. 1 mos. ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
 4. COLOR OR RACE: white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy C. Bashor

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 2 - 1848

7. AGE: YEARS: 79 MONTHS: 6 DAYS: 1
 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work: Retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer): _____
 (c) Name of employer: _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Janesburgh, Tenn.

10. NAME OF FATHER: Martin Bashor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Va.

12. MAIDEN NAME OF MOTHER: Susana Schey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Janesburgh, Tenn.

PARENTS

14. INFORMANT: A. A. Bashor
 (Address) Union Star Mo.

15. FILE: 3, 1927 E. M. Reynolds
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 3, 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1927, to Nov 3, 1927, that I last saw him alive on Nov 3, 1927, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
82A
97 (duration) _____ yrs. _____ mos. 6 ds.
7401

CONTRIBUTORY (SECONDARY): Arterio Sclerosis
 (duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) E. M. Reynolds M. D.
 (Address) Union Star Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Union Star Cemetery DATE OF BURIAL: Nov 5, 1927

20. UNDERTAKER: H. Wilson ADDRESS: King City,

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.

