

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

Do not use this space.

24403

1. PLACE OF DEATH

County Jackson
Township Raw
City Hannover City (No. Old City Hospital St. Ward)

Registration District No. 398

File No. 3190
Registered No. 3190

2. FULL NAME

James Baskin

(a) Residence No. 2212 Flora St.,
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. 13 ds.

Ward. 13
(If nonresident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

A. A.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mildred Baskin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-15-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

38

7

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Carpenter

(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)

Mississippi

10. NAME OF FATHER

Joe Baskin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Matha Chandler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

14.

INFORMANT

(Address)

Mildred Baskin
2212 Flora

15.

FILED

8/16/27 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

8-13-1927

17.

I HEREBY CERTIFY, That I attended deceased from 8

8-14, 1927, to 8-13, 1927.

that I last saw him alive on 8-13, 1927, and that death occurred, on the date stated above, at 2:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?

no DATE OF —

20. WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. M. Smith, M. D.

8-15-1927 (Address) Old City Hospital

*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

DATE OF BURIAL

Blue Ridge Lawn

8/17/1927

20. UNDERTAKER

ADDRESS

G. A. Smith

Nov 6. 18

N. B.—Every item of information should be carefully supplied. AG* should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classed. Exact statement of OCCUPATION is very important.

