

SEP 29 1927

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24784

1. PLACE OF DEATH

County St. LouisRegistration District No. 447Township CarrollPrimary Registration District No. 4286City Carroll (No.)File No. Registered No. 43St. Ward

2. FULL NAME

Nathaniel M Baskett(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

Male

4. COLOR OR RACE

White

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

Married

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

Married

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

April 5 - 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

73423

8. OCCUPATION OF DECEASED

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

Retired Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Mrs. Nathaniel M Baskett
Carroll Mo

15.

FILED

Aug 30, 1927H. W. Harris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 29 1927

17.

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1925, to Aug 29, 1927, that I last saw him alive on Aug 23, 1927, and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS

Fatty Infiltration of Heart muscle
93c

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

Place of death

DID AN OPERATION PRECEDE DEATH?

no

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

none

(Signed)

Dr. J. H. Culbertson M. D.

8-27-27 (Address)

Carroll 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

DATE OF BURIAL

Moberly MoAug 31 1927

20. UNDERTAKER

F. S. Kelly

ADDRESS

Carroll Mo

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.

