

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 262

Do not use this space.

33112

1. PLACE OF DEATH

County Wash
 Township Wash
 City Union Star, Mo. (No. _____) (Ward _____)

Registration District No. 4161
 Primary Registration District No. 262

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence. No. _____ St., _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 1 mo. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mo. _____ ds. (If nonresident give city or town and State).

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	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>79</u>	<u>6</u>	<u>1</u>	

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)

Janesburg, 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)

Janesburg, Tenn.

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 74A
97 (duration) _____ yrs. _____ mo. _____ ds.
 CONTRIBUTORY Atherosclerosis (SECONDARY) (duration) 5 yrs. _____ mo. _____ 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 DATE OF BURIAL

Union Star Cemetery, Mo. Nov 5, 1927

20. UNDERTAKER

H. W. Swan 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.

