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

Do not use this space.

36804

File No. 5892

Registered No. 5892

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 100

City Kansas City (No.) 3027 Cleveland St. Ward)

2. FULL NAME Sidney Frederick Bashore

(a) Residence. No. 3027 Cleveland St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18 - 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	13	6	18	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer 1st year High.

9. BIRTHPLACE (CITY OR TOWN) 3025 Cleveland

(STATE OR COUNTRY) Kansas City Mo.

PARENTS

10. NAME OF FATHER Ulysses Chas. Bashore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paulding Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maud Minnie Fort

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holt Mo.
(STATE OR COUNTRY)

14. INFORMANT Ulysses Chas Bashore
(Address) 3027 Cleveland

15. FILED 12/7, 19 27 M. M. Erwin
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1927.

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1927, to Dec 6, 1927, that I last saw h[illegible] alive on Dec 5, 1927, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infantile Paralysis
Bulbar Type

10

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. R. Brewer, M. D

12-6, 1927 (Address) Medical Arts Bldg

*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
Mt Moriah Cemetery	Dec 8 1927
20. UNDERTAKER	**ADDRESS**
Eylar Funeral Home	18th & Linwood

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.

Helaine 7/12