

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Reed
City Kansas City

Registration District No. 899

Primary Registration District No. 1200

File No. 23704
Registered No. 2821
St. General Hospital Ward

2. FULL NAME

(a) Residence. No. 744 Leckst St. 1 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

W

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

married

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

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

Feb. 4, 1878

7. AGE

YEARS 50

MONTHS

4

DAYS

27

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

8. OCCUPATION OF DECEASED

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

Peddler

(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)

MO

10. NAME OF FATHER

Wm Baskett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

12. MAIDEN NAME OF MOTHER

Nancy Hawkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

14.

INFORMANT
(Address)

Record Clerk
General Hosp.

15.

FILED

7/2 1928 M. M. Brown
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

7.1

1928

17.

I HEREBY CERTIFY That I attended deceased from 19
June, 1928, to July 1, 1928
that I last saw him alive on July 1, 1928, and that
death occurred, on the date stated above, at 8:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dilated gnd

CONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

DATE OF no

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

P. E. Williams

M. D.

1928 (Address) Gen 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

St. Louis, Mo

7/2 1928

20. UNDERTAKER

ADDRESS

P. Mast

915 East 13

