

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

Do not use this space.

9656

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph (No.)

File No.

Registered No. 362

St. Ward

2. FULL NAME

Mary J. Basile

(a) Residence. No. State Hospital, 2 St., Howard Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

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

widow

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

Geo H Bruce

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

Feb 28 1874

7. AGE

YEARS

55

MONTHS

0

DAYS

16

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

Kentucky

10. NAME OF FATHER

D M Stone

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Mary Turk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14. INFORMANT

Hospital Records

(Address)

15. FILED

18 1920

John G. ...
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Mar 14 1929

17.

I HEREBY CERTIFY, That I attended deceased from

Mar 7, 1929, to Mar 14, 1929

that I last saw him alive on Mar 14, 1929, and that death occurred, on the date stated above, at 5-29 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of lungs

31 2:30 p
out

(duration) yrs. mos. 14 ds.

CONTRIBUTORY Manic Depression (SECONDARY)

(duration) 17 yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

clinical
(Signed) D. G. ..., M. D.

3/17, 1929 (Address) St. Joseph 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

State hospital #2 Cemetery Mar 18 1929
20. UNDERTAKER ADDRESS

E. R. SIDENBAUGH

602 So. 10th

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.

23

225

1

2

2

MAILED

18 1920

10/10/10