

24 1929
5
2
2

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.

262
1
2

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

Do not use this space.

1. PLACE OF DEATH

County **Howard**

Registration District No. **378**

Township

Primary Registration District No. **4222**

City **Fayette**

(No. St. Ward)

File No. **27576**

Registered No. **52**

2. FULL NAME **John Baskett**

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)

(Usual place of abode)

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

colored

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

Married

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

Amy Baskett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **8/3 1876**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

53

0

0

8. OCCUPATION OF DECEASED

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

(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)

Missouri

10. NAME OF FATHER

Harry Baskett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Julia Baskett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

Mrs. John Baskett, Fayette

15.

FILED

Aug. 1, 1929 V. O. Burkhart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 3 1929

17.

I HEREBY CERTIFY, That I attended deceased from

1929, and that I last saw him alive on 1929, and that death occurred, on the date stated above, 1929.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis of lower limbs

(duration) **2** yrs. **7** mos. **7** ds.

CONTRIBUTORY (SECONDARY)

48 hour (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

44 B

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Dr. J. H. H. H.**

5-3-1929 (Address) **St. Louis, 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

City Cemetery 8/3 1929

DATE OF BURIAL

19

20. UNDERTAKER

Guy T. Halley. Fayette Mo.

ADDRESS

