

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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.

30864

1. PLACE OF DEATH

County JacksonRegistration District No. 2Township KawPrimary Registration District No. 2City Kansas City(No. 4921 Main St.)File No. 3888Registered No. 3888St. 8 Ward 22. FULL NAME Thomas E. Baskett(a) Residence. No. 4921 MainSt. 8 Ward 2

(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

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMattie Baskett6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 29, 1840

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day,hrs.

ormin.

89

6

15

8. OCCUPATION OF DECEASED

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

Retired

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

Merchant

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

PARENTS

10. NAME OF FATHER

Thomas Baskett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Marian Dulen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

15.

FILED

9/16, 1929 M. M. Browne

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14, 1929

17.

I HEREBY CERTIFY, That I attended deceased from

July 18, 1929 to Sept. 14, 1929 that I last saw him alive on Sept. 12, 1929, and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephrosclerosis Chronic
73C

CONTRIBUTORY (SECONDARY)

Hypertension

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Microscopic examination of laboratory with Dr. B. Muller(Signed) Sept. 15, 1929 (Address) 720 Argyle Bldg. N. B.

*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

Forest Hill

DATE OF BURIAL

9/16, 1929

20. UNDERTAKER

R.V. LINDSEY & SONS

ADDRESS

Kans City Mo

