MAR 25 1930

Dr Taylor.

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

Do not use this space.

4444

1. PLACE OF DEATH
County: Cole
Registration District No.: 213
File No.:
Township:
Primary Registration District No.: 3014
Registered No.: 49
City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME: Ida M. Stafford

(a) Residence. No. ..... St. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 2 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	6	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): N. Y. State

PARENTS
10. NAME OF FATHER: W. Y. Bassett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Me.
12. MAIDEN NAME OF MOTHER: Clara S. Hitchcum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

14. INFORMANT: Mrs. B. H. Drane
(Address): Jefferson City Mo.

15. FILED 3/1 1930 L. Benford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 10 1927 to Feb 10 1930 that I last saw her alive on Feb 10 1930 and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac arrhythmia
Chronic valvular heart disease
9.9.9
112 (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Bronchial Asthma
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) J. D. Taylor M. D.
2/14 1930 (Address) Jefferson City 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: River View Cemetery
DATE OF BURIAL: 2/11 1930

20. UNDERTAKER: WYMORE-GORDON UNDERTAKING CO.
ADDRESS: J.C. Mo

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD