

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

Do not use this space.

19462

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Law

Primary Registration District No. 3002

City Kansas City (No. 35 E 68 St)

File No. 2457

Registered No. 2457

St. St. Louis Ward

2. FULL NAME

(a) Residence. No. 35 E 68 St Harold C Bassett 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

Female

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 OF

Wm A Bassett

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

Oct 20 1884

7. AGE

YEARS

85

MONTHS

7

DAYS

22

If LESS than 1 day, hrs. or min.

22

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)

Dover Tex Craft

(STATE OR COUNTRY)

Missile

10. NAME OF FATHER

John Burrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Missile

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Louise Parsons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missile

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

H Washington
35 E 68 St

15.

FILED

6/13 30 M. M. Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6/12 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-5

1930 to 6-12, 1930

that I last saw her alive on 6-11, 1930, and that

death occurred, on the date stated above, at 5:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pyelitis, Arteriosclerosis, Chronic Nephritis

131

1330

CONTRIBUTORY (SECONDARY)

Senility Chronic Nephritis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

1290

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 6-12

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical exam

(Signed) E. J. Gandy M. D.

6-12 1930 (Address) Rosedale Kc

*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

Arkansas City Kan

DATE OF BURIAL

6/14 1930

20. UNDERTAKER

Jos. A Butler & Son

ADDRESS

Kansas City

Kansas

