

21615
23 21615
File No.
Registered No.
.....St. Ward)

~~030197-97~~

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.

1. PLACE OF DEATH		County <u>Shelby</u>		Registration District No. <u>830</u>		File No. <u>23</u> <u>21615</u>	
Township <u>Salisbury</u>		City <u>Shelby</u>		Primary Registration District No. <u>4503</u>		Registered No. _____	
2. FULL NAME <u>Jessie Bassett</u>		(a) Residence (Usual place of abode) _____		St. _____ Ward _____		(If nonresident give city or town and State)	
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ da.		How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.					
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>Black</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oscar Bassett</u>							
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 8 - 1901</u>							
7. AGE YEARS <u>28</u> MONTHS <u>8</u> DAYS <u>3</u>		If LESS than 1 day, _____ hrs. or _____ min.					
8. OCCUPATION OF DECEASED							
(a) Trade, profession, or particular kind of work <u>Housewife</u>							
(b) General nature of industry, business, or establishment in which employed (or employee) _____							
(c) Name of employer _____							
9. BIRTHPLACE (CITY OR TOWN) <u>Shelby</u> (STATE OR COUNTRY) <u>Mo.</u>							
10. NAME OF FATHER <u>Frank Davis</u>							
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY) <u>Mo.</u>							
12. MAIDEN NAME OF MOTHER <u>Jana Fugate</u>							
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY) <u>Mo.</u>							
14. INFORMANT <u>Oscar Bassett</u> (Address) <u>Shelby, Mo.</u>							
15. FILED <u>Aug 11, 1930</u> <u>Madge Good</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>June 10, 1930</u>							
17. I HEREBY CERTIFY, That I attended deceased from <u>6-1-1930</u> to <u>6-2-1930</u> , and that I last saw her alive on <u>6-2-1930</u> , and that death occurred, on the date stated above, at <u>11 P.M.</u>							
THE CAUSE OF DEATH* WAS AS FOLLOWS <u>Pulmonary Tuberculosis</u>							
23A <u>31</u> (duration) _____ yrs. _____ mos. _____ da.							
CONTRIBUTOR (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.							
18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH? _____							
19. DID AN OPERATION PRECEDE DEATH? <u>no</u> DATE OF _____							
WAS THERE AN AUTOPSY? <u>no</u>							
WHAT TEST CONFIRMED DIAGNOSIS? <u>clinical</u> (Signed) <u>G. M. York</u> , M. D. (Address) <u>Shelby, Mo.</u>							
*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 <u>F.O.C.F. Shelby</u> DATE OF BURIAL <u>June 1930</u>							
20. UNDERTAKER <u>Brothers</u> ADDRESS <u>Shelby, Mo.</u>							

