

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

Do not use this space.

25233

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1000

City.....

File No.
Registered No. 7459
St. Ward)

2. FULL NAME

(a) Residence No. 2224 2224 11 Ward. Calvary Hospital

(Usual place of abode) 1211 Cal. Bulliet (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 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 Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18 - 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 5 6

8. OCCUPATION OF DECEASED

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

PARENTS

10. NAME OF FATHER John Bassett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ann Bradley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT

(Address) Calvary Hospital

15. FILED

JUL 25 1930 Max C. Roberts REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1930

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1930 to July 24, 1930 that I last saw him alive on July 24, 1930 and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis with Cardiac Decomposition

92A (duration) yrs. mos. ds.

95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) POW (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph T. Meaker, M. D.

724, 1930 (Address) Calvary Hospital

*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 DATE OF BURIAL

Calvary Cemetery 7/28 1930

20. UNDERTAKER ADDRESS

E.E. Roberts 1211 Cal. Bulliet

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.

Vassett.