DEC 22 1930

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

Do not use this space.

35978

File No.

Registered No.

1. PLACE OF DEATH
County Howard Registration District No. 379
Township Clarkton Primary Registration District No. 4223
City Glasgow (No. ..... St. ..... Ward)

2. FULL NAME William Edward Basey

(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 76 yrs. 8 mos. 20 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)
Male	Black	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-1-1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	8	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY) Howard County

PARENTS

10. NAME OF FATHER Edward Basey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Howard County
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Eliza Stapleton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
(STATE OR COUNTRY) Howard County

14. INFORMANT Fannie Basey
(Address) Glasgow Mo

15. FILED 12/26 1930 E. H. Temple REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-21 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1930, to Nov 21, 1930, that I last saw him alive on Nov 20, 1930, and that death occurred, on the date stated above, at 9:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic parenchymatous
131 nephritis
93C
..... (duration) unknown ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis
..... (duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Carl C. Hagen, M. D.
11/25, 1930 (Address) Glasgow 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	DATE OF BURIAL
Glasgow, Mo	11-25 1930
20. UNDERTAKER	ADDRESS
Tony Hillen	Glasgow 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.