WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 22 1931

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

Do not use this space.

20574

85

File No. .....

Registered No. 585

1. PLACE OF DEATH

County Buchanan Registration District No. .....

Township ..... Primary Registration District No. 1001

City St. Joseph Mo. (No. 6537 Grant St. .....Ward)

2. FULL NAME Infant Bassett

(a) Residence, No. 6537 Grant 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1931

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 0 hrs. or 00 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER

13. NAME Francis Bassett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unadilla Nebraska

MOTHER

15. MAIDEN NAME Byrda Wathen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winston Missouri

17. INFORMANT (ADDRESS) Francis Bassett St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE June 4, 1931

19. UNDERTAKER (ADDRESS) Eleeman Funeral Home St. Joseph Mo

20. FILED 6-4, 1931 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to June 3, 1931. I last saw her alive on June 3, 1931. Death is said to have occurred on the date stated above, at 1:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation	
Hyaline Membrane	
Prematurity	
Other contributory causes of importance:	
Premature attempted Respiration	

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. E. Elliott, M. D.

(Address) 824 Edmond St.