

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

Do not use this space.

22172

64

1. PLACE OF DEATH  
**Montgomery**

County

Registration District No.

592

Township

Primary Registration District No.

4350

City **Montgomery City**

(No. ....)

File No.

Registered No.

St.

Ward

2. FULL NAME **James Obrien Baskett**

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **60** 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

**White**

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

**Married**

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

**Anna Crane Baskett**

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

**Aug. 1-1849**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

**82**

**1**

**21**

8. OCCUPATION OF DECEASED

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

**Attorney**

**206**

(b) General nature of industry, business, or establishment in which employed (or employer)

**Law and insurance self**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

**Lincoln Co. Mo.**

10. NAME OF FATHER

**Horatio Baskett**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Virginia**

12. MAIDEN NAME OF MOTHER

**Almedia Griffith**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Maryland**

14.

INFORMANT

**Mrs. Marvin Bush**

(Address)

**Mexico Mo.**

15.

FILED

**6-12, 1931**

**D. J. Bentley**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) **June 10-1931 1931**

17.

I HEREBY CERTIFY, That I attended deceased from

**after** 19 **31** to **June 10** 19 **31**  
that I last saw him alive on **June 10** 19 **31**, and that death occurred, on the date stated above, at **10.30 PM** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Prostatitis (Infection of Kidneys)**

CONTRIBUTORY (SECONDARY)

**Arterio Sclerosis** (duration) **2** yrs. mos. ds.

(duration) **2** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

**E. W. Busley**, M. D.

**June 11, 1931** (Address) **Montgomery City 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

**Lincoln**

DATE OF BURIAL

**Sanders Cemetary**

**Co. 6-12-31<sup>19</sup>**

20. UNDERTAKER

ADDRESS

**F. E. Kidwell Montgomery City Mo.**

**Kidwell**

JUL 27 1931

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.

