

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

Do not use this space.

32247

323

15

Ward)

1. PLACE OF DEATH

County Repley
Township Atter Valley
City Atter (No.)

Registration District No. 751
Primary Registration District No. 5982

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No.
(Usual place of abode)

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.

Stephen Henry Bastian

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) mar 26 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Charlestown
(STATE OR COUNTRY) mo

10. NAME OF FATHER Stephen Bastian

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

12. MAIDEN NAME OF MOTHER Margaret Kaputz

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

14. INFORMANT Bertha J. Murray
(Address) Wright mo

15. FILED 9/10 19 31 Atter

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 24 1931 to Sept 4 1931
that I last saw him alive on Sept 4 1931, and that death occurred, on the date stated above, at 5:20 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

chronic nephritis

181
137
151 (duration) ? yrs. ? mos. ? ds.
CONTRIBUTORY (SECONDARY) cystitis and pyelitis
(duration) ? 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? clinical, urinal
(Signed) St. Eulalia M. D.

9/5 1931 (Address) Wright mo

*State the DISEASE CAUSING DEATH, or if 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

Charlestown Cem. 9/6 1931

20. UNDERTAKER ADDRESS

Rajotte Dempster & Co. Charlestown 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.

OCT 26 1931

