

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

Do not use this space.

37624

1. PLACE OF DEATH

County Jackson
Township Kan
City N. E. Mo. (No. 402 Mumf. Ct.)

Registration District No. 330

Primary Registration District No. 330

File No. 4438
Registered No. 4438
St. Ward

2. FULL NAME

(a) Residence, No. Jesse M. Baskitt St. Ward
(Usual place of abode) 402 Mumf. Ct.

(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 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 Edith Baskitt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 26 - 1861
7. AGE YEARS 70 MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Island
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) Mo.

FATHER 13. NAME Jesse M. Baskitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Ms. Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT Edith Baskitt

(ADDRESS) 402 Mumf. Court

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ladonia, Mo. DATE Nov - 10 - 1931

19. UNDERTAKER Mrs. C. L. Foster

(ADDRESS) 718 Broadway, N. E. Mo.

20. FILED 11 - 9 - 1931 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 8 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9th, 1931, to Nov. 8th, 1931.

I last saw him alive on Nov. 7th, 1931. Death is said to have occurred on the date stated above, at 12:30 P. m.

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

acute dilatation of heart Date of onset 131

95B

Other contributory causes of importance: chronic interstitial nephritis

Name of operation none Date of

What first confirmed diagnosis? 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) V. W. Harned M. D.

(Address) 406 Wirthman Bldg

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.

4. 24. 71. d
Ladala v. f. 5 27. 1207

JUL 22 1942