

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

Do not use this space.

1. PLACE OF DEATH

County Shelby

Registration District No. 830

Township Salt River

Primary Registration District No. 6091

City _____ (No. _____)

File No. 39874
36

Registered No. _____

St. _____ Ward _____

2. FULL NAME Oscar Lee Bassett

(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

_____ yrs.

_____ mos.

_____ 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

widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~

HUSBAND OF
(OR) WIFE OF

Jennie Bassett

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

Apr. 26 - 1899

7. AGE

YEARS

MONTHS

DAYS

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

33

6

23

OCCUPATION

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

Farmer

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)

Monroe MO

13. NAME

Oscar Bassett

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

MO.

15. MAIDEN NAME

Hattie Owensby

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

Monroe MO

17. INFORMANT
(ADDRESS)

R. D. Box

18. BURIAL, CREMATION, OR REMOVAL

PLACE 200 R. F. Shelby DATE Nov. 10 1931

19. UNDERTAKER
(ADDRESS)

J. B. Brothers

20. FILED

12-10 1931 Madge Good
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1931

22. I HEREBY CERTIFY, That I attended deceased from

Jan 12 1930, to Nov. 18 1931

I last saw him alive on Nov. 18 1931. Death is said

to have occurred on the date stated above, at 4 P. m.

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

Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? T.B. test 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) R. L. Caldwell

(Address) Shelby Mo.

M. D. O.

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.

DEC 26 1931

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Shelby Registration District No. 830
Township Calder River Primary Registration District No. 6091
City (No. St. Ward)

2. FULL NAME

Oscar Lee Bassett

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, ...hrs. or 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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	17. INFORMANT (ADDRESS)	
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE	
	19. UNDERTAKER (ADDRESS)	
	20. FILED <u>2-15</u> <u>3 Madge Good</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1931

22. I HEREBY CERTIFY, That I attended deceased from

to, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Tuberculosis of the lungs. Date of onset

Other contributory causes of importance:

23

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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)....., M. D.

(Address).....

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-39874