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.

MAY 28 1932

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

Do not use this space.

13745

1. PLACE OF DEATH

95 County ..... Registration District No. 780 File No. .....

Township Jackson Primary Registration District No. 6028 Registered No. 26

City Bloomsdale (No. ....., ... St. ..... Ward)

2. FULL NAME JOSEPH BASLER

(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 83 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): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 8 1848

7. AGE: YEARS 83 | MONTHS 10 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

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) STE. GENEVIEVE, CO MISSOURI

FATHER

13. NAME JACOB BASLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BADEN GERMANY

MOTHER

15. MAIDEN NAME ANNA BROWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BADEN GERMANY

17. INFORMANT (ADDRESS) Henry Basler Bloomsdale Mo

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Bloomsdale Mo DATE 4/12 1932

19. UNDERTAKER (ADDRESS) John Basler Ste. Genevieve Mo

20. FILED Apr 11 1932 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1932, to April 10, 1932

I last saw him alive on April 10, 1932. Death is said to have occurred on the date stated above, at 6 20 P m.

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

	Date of onset
Chronic Myocarditis	1915
Arterio Sclerosis	
936	
97	

Other contributory causes of importance:

930

1

Name of operation NONE Date of .....

What test confirmed diagnosis? Clinical 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? NO

If so, specify .....

(Signed) Arthur E. Sevauer, M. D.

(Address) Ste Genevieve Mo